Lecture
ON THE
HISTORY OF MIDWIFERY,

Introductory to the Course on Obstetrics delivered at St. Mary's Hospital Medical School.

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GENTLEMEN,—I propose to day to give you a brief sketch of the History of Midwifery, because I believe that the study of the history of any branch of science or art is capable of affording to the diligent student many useful lessons, if only he will take the trouble to think for himself. This is a practice which too many of us, I fear, in the present day, are very apt to disregard. Patient, persevering, continuous thought—steady application of the mind to one object—is by no means easy in these times of excitement and of hurry, when the boast of the day is that this is an age of progress. But the very desire for progress, if too eagerly sought after, is apt to become a hindrance and a snare, and, by encouraging hasty generalisation, to the neglect of minute attention to detail, is very liable to lead in the long run, not to advancement, but to retardation. This danger is one which, I think, especially besets the student of medicine in these days.

I make these preliminary remarks—which may seem to some of you, perhaps, rather out of place in the introductory lecture to a course on the Theory and Practice of Midwifery—partly because I wish, at the outset of your studies here, to impress upon you the great importance of your not contenting yourselves with merely listening to what I or my colleagues in this school have to say, but that you should practise habits of thoughtfulness, remembering always that you are not here merely to learn what we have to teach, but that it is quite as much your duty, and, I would add, your privilege, to educate yourselves—ay, even by criticising what you see and hear from us,—so that your mind is exercised, and your reasoning faculties and imagination stimulated. There is no better safeguard against that greatest of all dangers to the student and practitioner of medicine—namely, routine—than the early cultivation of independent thought.

Another reason which induces me to make these observations is, that in these lectures which I have to deliver we shall have much to do with *theory*; and here, more perhaps than in the *practice* of our art, you will have ample scope for the exercise of thought. Practically, midwifery has become very much a matter of rule. This only testifies to its degree of perfection as an art, and it is the result of centuries of observation by some of the most accomplished, the acutest, and I would add the noblest intellects of past ages. It was the fashion once—it is so still with a few whose claim to have an opinion on the subject is founded only upon the happiest ignorance of the question—to regard the obstetrician as a man of lower grade in the medical hierarchy—a kind of hybrid, half man, half woman, with intellect to match. Yet I would venture to affirm, without a fear of contradiction, that among the practitioners of midwifery in past times are to be found the names of men who have done as much for medical science as any equal number of men from the other departments of medicine and surgery.

I have said that scientific history is full of instruction to the thoughtful student, and the history of midwifery certainly furnishes no exception to this statement. Moreover, it is a subject which, from its very imperfection, is pre-eminently useful for the purpose which I have had in view in the remarks just made; for, in the absence of any written record, no sooner is the mind concentrated on the subject than we are lost in conjecture and speculation as we ask, What was the practice of midwifery among the earliest members of the great human family? Who were the attendants? How did they perform their office? I am sure I need not stay one moment to point out the interest of such an inquiry. Can we find an answer? Now, there is but one book which comes to us with any stamp of authority as a record of the history of the human race. You know the title of the work to which I refer. As men of science, however, and as members of the Christian family, we know that that book is not intended as a work of reference in disputed points of scientific interest. Some there are who seem very fond of using, or, I ought rather to say, of abusing it for this purpose; for their object seems generally to be attained when they have succeeded, as they think, in casting discredit upon its statements. While, however, I disclaim all idea of referring to the Bible for the solution of any scientific problem, we may nevertheless consult its pages for the record of facts in regard to a people of whose history it gives many minute details. Nor shall we seek in vain for some points of interest bearing upon the question which we are now considering.

It is an interesting, but perhaps in one sense not a very profitable, inquiry as to what was the practice at the first human birth, in regard to those details about which we are now so very careful. What, for instance, was the position of the patient? How was the child separated at its birth? What was the management of the placenta? Answers to these questions are none the less interesting because they are wholly conjectural; and, moreover, they have a bearing upon the subsequent history of obstetric art, as I shall presently show. The first thought that strikes one in the consideration of this subject is this, that the whole process would inevitably be regarded as a purely natural phenomenon, and as such of course its details would be left entirely to nature. Unless any distinct information was given to the progenitors of our race as to how they were to act under these circumstances, it is likely either that they would imitate the example of the brutes around them, so far as that was possible, or they would remain passive spectators of an act in which they did not feel called upon to interfere. In all strictly natural cases, as we now call them, the latter course would probably be the one adopted; even this, however, would require some slight interference, unless we are to imagine that for several days at least after the birth of the child the entire placenta and umbilical cord was allowed to remain attached until such time as it dropped off by the ordinary process of sloughing. It cannot be supposed, however, that in such a matter man would be less careful or have lower instincts than the brutes around him, and if they are anxious, as we know they are, to detach their offspring, our first parents would scarcely be less so; on the contrary, it is reasonable to suppose that, in some way or other, they would improve upon what they must have witnessed almost daily. The division of the umbilical cord would thus take rank as one of the first of surgical operations on the human subject; but of the exact method adopted for this division we know nothing, nor do we know whether any steps were taken to prevent hæmorrhage from the cut end of the cord. Probably, however, nothing was done, partly because the method of division would most likely be such as to avert bleeding, and partly because it might not occur to an observer that the hæmorrhage in question could be easily arrested. It is remarkable, however, that even among the most uncivilised tribes precautions are taken against this accident. Travellers have observed and recorded their experience on this point among the Hottentots, who are in the habit always of applying some particular form of ligature to the umbilical cord; and this practice they have adopted from time immemorial. Nor are we left in absolute ignorance on this subject in the pages of Holy Writ; for the prophet Ezekiel, writing nearly 600 years before Christ, makes distinct allusion to the practice when he says, in his denunciation of the Jews, "And as for thy nativity, in the day thou wast born *thy navel was not cut*, neither wast thou washed in water to supple thee." From this we may infer that section of the umbilical cord was the established practice in that day, though it does not appear that as yet the ligature had also been adopted; indeed, we may suppose the contrary, because Plutarch states that the operation of circumcision was delayed until the eighth day on account of the weakness of the umbilical cord—a statement which evidently refers to the liability to hæmorrhage which might arise from the struggles of the child during the operation, a danger which certainly would not be incurred if a ligature were applied.

In regard to the other question, as to the position of women during delivery, though we may well believe that the recumbent posture, whether on the back or on the side, would not only be the easiest but also the safest, yet it is certain that this was not the custom in early days, nor is it even now of universal adoption. You remember the verse in the first chapter of the book of Exodus, where the King of Egypt spake to the midwives who were in exile with the children of Israel, and said, "When ye do the office of a midwife to the Hebrew women, *and see them upon the stools*," &c., from which it is evident that at that time, which was nearly seventeen hundred years before Christ, the practice was to be delivered in the sitting posture; and in some parts of Germany, I believe, even at the present time, the same practice is adopted, at least among the midwives. In France, too, up to at least the seventeenth century, it was the custom for the midwives to carry about with them to their patients' houses a chair in which delivery was effected. In an old work on midwifery, written in Latin by one Daventer, of Leyden, who, we may suppose, had, with or without reason, a pretty good opinion of himself, inasmuch as he states on the title-page of his book that in it "the many errors in all the books hitherto written upon this subject are clearly refuted"—in this book is a chapter on "the utensils which the midwife carries with her, either in the country or in the city"; and it opens thus: "A Midwife who lives in the City is to be furnished with a commodious and well-made Chair or Stool for the Use of Women in Labour, in which, as Occasion requires, the Women may sit or lie down in any Manner, whether it be an easy or a difficult Birth. For in a Chair so perforated Women may much more commodiously bring forth than in an ordinary Chair, a Bed, or short Couch; and Midwives may do their duty more conveniently." The chair in question admitted of the recumbent posture by the lowering of the back; the seat of the chair had a large aperture in front, and over this the patient was to sit, the idea being that the expelling force of the uterus would be directed in this way to the opening in the seat, where it would meet with no resistance, and no upward pressure would be exerted to counteract it, as would be the case, it was thought, if the patient were sitting on an ordinary seat.* From all this it is evident that, though the recumbent posture may occasionally have been used in those days, yet the upright or sitting position was much more frequently adopted. In proportion, however, and only as the obstetric art has become more perfect, the sitting posture has been abandoned and the recumbent one practised, and in all probability the former was universally adopted in the early ages of the world's history. I need not stay to remark how strangely opposed to our modern notions of propriety and delicacy would be the practice of an accoucheur carrying a chair from house to house for the purpose of delivery. Imagine the gossip of a West-end servants'-hall at such a sight as this!

Of the management of the placenta by the early obstetric practitioners little or nothing is known; but it is probable that, if the upright posture was the one usually adopted, difficulties in the way of retained placenta would very rarely be met with, except in cases of morbid adhesion; for, undoubtedly, early and speedy expulsion of the placenta is greatly facilitated by such a position, though that which gives the facility is also a cause of danger.

Now, as to the persons who ordinarily attended to this branch of practice. It is a remarkable fact, and one which no doubt has been duly chronicled by those who are now so clamorous for the medical education of women, that in all countries, in all ages, and among all classes of society, women have been the usual obstetric attendants. Of this there are proofs innumerable; and, though it may be difficult to find any absolutely true explanation of it, yet, undoubtedly, the known practice in the earliest ages of the world, and among a people who were recognised distinctly as the favoured of God, must have exercised a powerful influence in establishing the custom in successive ages. The proofs of this in Holy Scripture are very numerous. The earliest mention of it of which I am aware is in Genesis XXIV. chapter, 17th verse, where Rachel, the wife of Jacob, being on a journey from Bethel to Ephrath, "travailed, and had hard labour. And it came to pass, when she was in hard labour, that the midwife said unto her, Fear not, thou shalt have this son also," which she did, and very soon afterwards died. This was supposed to have taken place upwards of 1700 years B.C. There are many other references of a similar kind, all tending to the same conclusion; and there certainly is not, so far as I am aware, any statement showing that men were ever so employed. It seems not unlikely that women occasionally delivered themselves, without having attendance from anyone even professedly qualified. For instance, in the notable case with which you are all acquainted, where King Solomon gave his remarkably wise judgment as between two women, each of whom claimed a particular child as her own, it is stated that one of the women came and said, "Oh, my lord, I and this woman dwelt in one house, and I was delivered of a child with her in the house. And it came to pass the third day after that I was delivered that this woman was delivered also; and we were together; there was no stranger with us in the house, save we two in the house." Here then is a very circumstantial account, dating upwards of 1000 years B.C., of two deliveries which were accomplished in much the same way, no doubt, as are those of concealment of birth of which we hear occasionally. But whether this practice were frequent or not, it seems clear that only women were in attendance, and many of them were in great renown in their day. Nor was this limited to the Jews, for with the Greeks, the Arabians, and possibly also with the Egyptians, the same rule obtained, though not perhaps so absolutely. In regard to the Romans we have undoubted evidence that men practised midwifery, but not exclusively; we know also that midwives were a recognised class among them. It is probable that after the Jewish captivity, and up to the time of their dispersion, the practice in this respect began to vary, for Herodotus tells us that the Jews copied many of the customs of the people with whom they sojourned, and it seems likely therefore that, as the Egyptians undoubtedly had male accoucheurs, the Jews would also after their release from captivity. That the Egyptians should have favoured such a practice is not to be wondered at, seeing how much they associated with the Greeks; and it cannot be doubted that as midwifery was studied and practised, not as a rule, but only in emergencies by the men of Greece, and especially by the Athenians, many lives would be saved by men which would be lost by the midwives, and this could not fail to influence those who associated with them.

It is usual, and there is no doubt a certain warrant for the opinion, to regard Hippocrates, who lived about 460 years B.C., as to some extent the founder of the obstetric art; but his writings on this subject serve only to betray the ignorance which existed in his day, even in the case of a man so deservedly great in medical science. Plato tells us something more of the character and function of the midwives at that time, and from him we learn that some of them were very distinguished in this particular department. Aristotle and Galen also mention them, and the former describes the treatment of the umbilical cord which was adopted by them. From this it appears that in his day, nearly 400 years B.C., before applying the ligature, the umbilical cord was squeezed from the placenta to the fœtal end in order that all the blood it contained might be pressed back into the vessels of the child. Probably then the child was not separated till after the expulsion of the placenta, so that as much blood as possible might be procured for the purpose in question. Aetius, of Alexander, spoke also of the midwives in terms of high praise. Gradually, however, as a taste for the arts and sciences was developed among the Greeks, so in exact proportion did the study and practice of midwifery by men become more and more general. It is difficult to say exactly where or when the change was effected; we find mention made of it by several of the authors I have referred to, but they nowhere tell us why it was nor whether in that day the same objections were raised against this innovation, as is now being done in England and elsewhere against the study of medicine by women. There is, however, one instance recorded where a revolt was made against the innovation in question—viz., in Athens; here the feeling was very strong, and some of the ladies of that city declared that they would rather die than be attended by the stronger sex. Notwithstanding this, a law was actually passed prohibiting women from studying or practising medicine, but a certain woman named

* This work was translated into English and published in this country in the year 1746, so that the practice in question would seem to have existed in this country even so late as that.

Agnodice dressed herself as a man, and in this way she eluded the law for some time. Suspicion was, however, roused against her, and she was tried and condemned by the Areopagi, whereupon some very distinguished and influential ladies went to the Senate in her defence, and the judges were compelled to revoke the sentence. This of course led to a repeal of the prohibition, and women thereafter became legally entitled to practise, not, however, to the exclusion of the men, who still practised as before. Thus it appears that the strong feeling which has lately been exhibited on this question finds its counterpart in the principal city of Greece in the early years of the Christian era.

Turning now from the Greeks to the Romans, we find that here also women were the principal obstetricians, notwithstanding that the practice of medicine and surgery was almost exclusively confined to men, even in the earliest periods of Roman history. They also were always called in by the sages-femmes whenever any difficulty arose. This fact is established not only by positive statements, but it may be inferred also from the account given by Pliny of the birth of Scipio Africanus, Cæsar, and Manlius-Torquatus by means of the Cæsarean section, for it cannot be supposed that women would perform such operations as these. Suetonius also mentions that the Emperor Augustine having married Livia, the wife of Tiberius, she being in hard labour, Antonius Musa was called in consultation "pro partu accelerando," and the result was the birth of Nero, showing clearly that at that time men were the recognised consultees in difficult labours. I must not omit to mention Celsus, who lived in the reign of Tiberius, A.D. 35. He was undoubtedly one of the greatest Roman medical authors and practitioners, and has a just claim to consideration as one of the most distinguished accoucheurs of his day, for not only did he advocate a method for the better dilatation of the cervix in difficult cases, but he also described the operation of podalic version, and the cases in which he thought it was applicable. He advocated, too, the use of the crotchet, which had been employed since the time of Hippocrates for the delivery of dead children.

Little is known about the practice of medicine among the Arabians, but it is evident that midwifery was to a limited extent practised by men, and we have knowledge of at least two distinguished Arabian accoucheurs—viz., Albucasis, who lived in about the eleventh century, and another scarcely less distinguished—viz., Avicenna, who practised about fifty years earlier. It would seem, however, that here, also, by far the largest share of midwifery fell to the lot of the midwives, and, owing to the extraordinary contempt with which all surgical operations were regarded by the Arabians, who always got their slaves to perform them, practical or operative midwifery made little or no advance. Albucasis, indeed, gives directions for the delivery of hydrocephalic monsters by craniotomy; and also for the management of cases of retained placenta, but his instructions in this respect are not very forcible. They consisted merely in recommending the patient to sneeze or cough, and if that failed, then they were to apply the vapour of certain herbs to the uterus: I suppose for the purpose of making it contract.

The sketch which I have just given—and it is, after all, but a sketch—brings us up to about 1000 years of the Christian era, and it cannot be said that up to that time much advance had been made either in the art or science of midwifery. As regards natural labour, of course nothing was required, and no advance therefore could take place, except in regard to the physiology of the process, and on this point literally nothing was known. But when we consider that during all these ages, so far as we know, the practice of midwifery was almost entirely in the hands of women, most of whom were very ignorant, and that therefore difficulties and complications must necessarily have been very frequent, and so have given ample opportunities for improved practice, it is, I think, surprising that so little was done to place the matter on a better footing, and it certainly speaks strongly against the propriety of handing over the whole of this branch of medicine to the weaker sex. As regards operative midwifery, the chief points to notice are—the establishment of the Cæsarean section, the use of the crotchet and perforator in the case of dead children, and the performance of podalic version in a certain modified form.

During the succeeding 500 years several very distinguished accoucheurs flourished, but still the bulk of the practice all over the civilised world remained in the hands of the midwives, and consequently, as I think, no very great advance was made in its scientific practice. Probably the most distinguished of all the writers at this time were the two Arabians I have already mentioned—viz., Avicenna and Albucasis; and it is especially to be noted of both these, particularly the former, who has the merit of priority, that they describe, and the latter actually gives an illustration of, an instrument which was clearly a kind of midwifery forceps, and was intended to be used in the extraction of a living child. I have no desire, far from it, to detract from the merit justly due to the Chamberlens for their great invention of the midwifery forceps; but truth and justice require that it should be stated that something remarkably like this instrument, and certainly intended for the same purpose, was invented about 600 years before. Towards the fifteenth century the study of the arts and sciences was much more generally cultivated; the works of the older Greek writers supplanted those of more modern times, and thus was laid a better foundation for the more careful, accurate, and philosophical study of natural and morbid processes. It cannot be doubted, too—and this is a point especially to be noted at the present time,—that, with the advance of civilisation, and the wider study of the arts and sciences, women have preferred to be attended in their labours by men. Obviously this cannot be due to any merely sentimental idea; there must be some solid basis of fact to account for a change so universal, so opposed at first sight to womanly instincts; and I know of no ground save that of increased confidence, inspired by the consciousness of greater knowledge, and consequent readiness to cope with any difficulties that may arise under circumstances involving sometimes extreme peril to life. From the time when men first began to be consulted in cases of difficulty and danger, it was obvious that in the end, and in proportion as they perfected their knowledge of the process, their physical and intellectual superiority must prevail; hence the custom of the present time throughout the civilised world, which we may regard as the natural result of the building up of that great system of midwifery which it is the purpose of these lectures to unfold to you. Were it not for this vast store of knowledge, the result of ages of accumulated experience and years of thoughtful study and observation, I should not be standing here to-day to lecture to you on the theory and practice of midwifery, nor would there be any occasion for a class of male students; for if there were no science, no skill, no art, sentiment would certainly carry the day, and sentiment, I fear, would surely be against the practice of midwifery by men.

But the work and the genius of the men of the last three centuries, and notably of the last two, have not only secured to the male sex almost the entire practice of midwifery, at least among those classes who are intellectually capable of judging of the merits of the question, but they have laid an obligation upon you and upon me which we must both strive to fulfil. Undoubtedly we owe much to the French obstetricians of the sixteenth and seventeenth centuries. Indeed Ambrose Paré, a French writer of the latter half of the sixteenth century, may be said to have laid the foundation for the present system of obstetrics, especially in its conservative aspects. To him we are particularly indebted for the first clear description of the operation of podalic version, and of the cases in which it is applicable. He also laid down rules for guidance in difficult cases of arm presentation, and he invented, described, and illustrated several obstetrical instruments. About twenty years before his time the first work exclusively devoted to the subject of midwifery was written by one Eucharius Rhodion, who practised at Frankfort, and who described very carefully the several cranial positions, the differences between natural and unnatural labour, and the treatment required by the latter. A little later on we have a work written by M. Francois Rousset to advocate more frequent resort to the Cæsarean section; and such undoubtedly was the effect of its publication, for it was translated into many languages, and gave rise to much keen discussion. In 1579 a great discussion took place on the question whether the pelvic bones separate at all during labour. The affirmative was maintained by Severin Pineau, who proved it to his own satisfaction post mortem, and

convinced Ambrose Paré, Morgagni, Haller, Harvey, and others. The operation of symphyseotomy, or the Sigaulteau operation, which consists in dividing the symphysis pubis, was founded upon this belief in the mobility of the pelvic bones; but it has since been abundantly demonstrated that no such mobility exists as could be of any practical value; for whereas in the great majority of cases of pelvic deformity it is the antero-posterior diameter which is the cause of greatest difficulty, division of the symphysis pubis scarcely if at all affects this, and does very little to increase the transverse diameter.

Since the time of Ambrose Paré the practice of midwifery has, at least among the educated classes, been almost exclusively in the hands of men; and it cannot be doubted that, as a science, it has enormously gained thereby; indeed, it is only within the last two centuries that it can be said to have had a definite scientific basis. The writings and observations of Guillemeau, a pupil of Ambrose Paré, in the early part of the seventeenth century, of Mauriceau in the latter half of the same century, of La Motte, of Portal, and of Levret, the greatest of them all, completely changed the aspect of midwifery as a branch of the healing art, and gave to it a position little, if at all, inferior to either of the other branches of medicine. In this work they were ably seconded by some of our own countrymen, but the palm must, I think, be given to the French authorities, who undoubtedly originated this great movement in the obstetric world; and it would seem as if the translation of their works into English supplied a stimulus on this side of the channel, which has since produced results greater even than any that are recorded by our French *confrères*. In proof of this it is only necessary to refer to the works of Harvey, of Chamberlen (to whom we may almost, but not quite, be said to owe the forceps), of Chapman, the two Hunters, Denman, Smellie, and Conquest. These names are mentioned only as illustrations, and because they serve at once to carry conviction to the minds of those who are, even in the smallest degree, acquainted with the subject, that it is to men, and men only, that we owe whatever advance has been made in the scientific practice of midwifery. You must not suppose, however, that Germany, France, and England are the only countries whose sons have toiled for the advancement of obstetric art. In Holland there are names scarcely, if at all, inferior to any I have mentioned. The names of Deventer, of Ruisch, and of Roonhuysen, are as familiar to the student of midwifery as any that can be named in England.

Now, in a matter so purely mechanical as is the ordinary process of labour, it seems a mere truism to say that, just as the difficulties and complications which attend that process are due to interference with the ordinary mechanical laws, so the means of combating those difficulties will be more or less perfect and successful in proportion as the mechanism of the process *is* understood. It follows, too, from this, that a truer appreciation of that mechanism must result in improved methods of treatment, especially in regard to operative midwifery, and hence the explanation of the great advance made in this respect during the last century. In like manner the study of physiology, which may be said to be almost the product of the present century, has been the foundation of our more perfect knowledge of pathology; and hence, again, our intimate acquaintance with the various morbid processes incidental to child-bearing. In illustration of the former, it is sufficient to note the strongly conservative tendency of the two great obstetric operations which have been elaborated during the past century—viz., the induction of premature labour, and the application of the forceps. These two operations, which were introduced within a few years of each other, have probably done more for the saving of human life than any other operations that can be named; and it is not, I think, too much to say that they could or would never have been originated by women. Indeed, the fact is indisputable, that the science and practice of midwifery owes literally nothing to women, who, nevertheless, monopolised it for at least 3000 years; but, on the contrary, every single improvement that has been made in this department has originated with the stronger sex.

If time permitted I could amuse you with many curious illustrations of the superstitions connected with pregnancy and delivery. Among all nations and classes of society sterility has ever been a cause of reproach among women, and absurdly fanciful have been the remedies suggested for it; the most sublime being devout invocations to various gods and goddesses, according to the sex required; and the most ridiculous, the inhalation of various odours, whose reputed efficacy seemed to be in direct proportion to their nastiness. On the other hand, in some countries, philoprogenitiveness was encouraged in every possible way; for instance, among the Lacedæmonians women who had more than three children were exempted from certain charges on the ground that they had rendered signal service to the state by such increase of the population. Among the Romans the same law was observed.

In actual labour whenever any difficulty arose prayer to certain gods or goddesses was the recognised and customary resort of the faithful; and it must be confessed that, while such a practice testified to the simplicity and earnestness of their faith, it witnessed also the utter ignorance of their attendants in all that related to the scientific performance of their duties. The Greeks probably surpassed the Romans in their superstitious beliefs; for instance, if a child was borne without eyes they attributed it entirely to the mother's having eaten too much salt; on the other hand, the Romans believed that in cases of tedious labour delivery would surely be hastened by placing upon the abdomen of the mother a small vesical calculus!

But superstitions of this kind were by no means confined to the classical countries of Greece and Rome. Among the Brazilians in former times, and even until recent times among the Carribeans and other savage tribes of America, it was the custom immediately after the woman was delivered for her to get up and perform her usual household duties, while the husband took to bed, and remained there, the reason assigned for this being that it was necessary for him to recruit his health and strength after he had become a father! Among the Malaccas there was a common belief that if a woman ate double fruits during her pregnancy she would have twins. In some parts of Russia, even in the present day, it is held that if the labour be difficult and tedious, and much pain is endured, the reason is that the woman has been unfaithful, and that the suffering entailed is the consequence of her sin which has to be endured. In short I could go on relating instances of this sort almost *ad infinitum*, for there is no limit to the capacity of the human mind for credulity of this sort, when once it quits the region of positive knowledge. Ignorance and superstition we may be quite sure, will go hand in hand, and be in direct proportion the one to the other; indeed, if I were to formulate the term superstition, I might describe it as neither more nor less than cultivated ignorance, and we cannot wonder that such was the state of obstetric medicine seeing in whose hands it was practically vested for so many centuries. In the following lectures I shall hope to show you how different it is in the present day; how large a basis of fact we have to work upon; and how substantial are the conclusions upon which our present practice is founded. The greater part of this, remember, is the work of the last two centuries; indeed, as regards operative midwifery, that by which we are enabled to meet and combat successfully, in a spirit of true conservatism, the emergencies which are to a great extent the direct result of advanced civilisation, this is the work of little more than a century; for the vectis, the forceps, the induction of premature labour, and, I might almost add, the operation of turning, have all been born, as it were, in the past century, and we may say that their birth was almost simultaneous, for their public recognition and adoption took place within a few years of each other. What they have done in the saving of human life it would be impossible to estimate; but you will be able to form some idea at least when you know the difficulties they are intended to avert.

In conclusion, let me impress upon you, and especially those of you who intend to enter upon general practice, the great importance of attention to these lectures, and to the rules which I shall lay down for your guidance in the many emergencies to which you may be called; for not only will your success in life be very largely dependent upon the way in which you conduct your obstetric department, but, unless you are careful about this, you will find yourselves insensibly drawn into one of the great snares which especially beset the members of a profession such as ours—namely, the danger of undervaluing human life. There are times, as we shall see, when, in the exercise of our high calling, we

are bound to sacrifice one human being in order to save another. It is a terrible responsibility which is thus cast upon us, and we can only exercise that trust with a clear conscience when we have perfected our knowledge of all the means at our disposal. Remember that the existence of ignorance where knowledge is possible does not avail to screen us from the consequences of our neglect, and acts done in wilful ignorance are scarcely less culpable than those deliberately planned. Viewed in this light the study of midwifery in its operative aspects demands your very careful attention, and I trust you will give it all that is required.

NOTES
ON THE
GENERAL PRINCIPLES OF CUTANEOUS THERAPEUTICS.

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THE progress which dermatologists are making towards the foundation of a more rational and at the same time more successful system of cutaneous therapeutics is to my mind, on the whole, satisfactory. This progress is, no doubt, in great degree a result of pathological revelation, which has led to a decreasing faith on the part of practitioners in arsenic as *the* remedy for every cutaneous trouble; whilst experimental observation shows that the general principles upon which skin diseases should be based are, in the main, identical with those which govern the management of all other diseases. No doubt, in points of detail, there is much that is special in the treatment of diseases of the skin. Yet it cannot be denied that there is still too much clinging on the part of the physician to the use of arsenic as the panacea for all skin affections, and that this ingrained belief in the superlative efficacy of the drug has directly led to a general ignoring of the value of other remedies, and thus to a retardation of all experimental inquiry into their relative properties. Notwithstanding this drawback, not only has the number of incurable skin diseases been much diminished of late years, but the rapidity of cure in the case of individual diseases has most certainly increased. Skin diseases are daily being more and more shorn of that intractableness which at one time was their chief characteristic; and I do not hesitate to say that, when pathology shall have made more progress, and the principles of general therapeutics have been adopted in regard to diseases of the skin, they will become amongst the most manageable of all diseases.

But in order that this condition of things may be reached it will be requisite that the treatment of diseases of the skin shall be regarded as much from the physician's as the surgeon's point of view. This is not the case at present. To my mind the connexion between functional or organic disturbance of important internal organs—e.g., the stomach, the liver, the kidney—as well as of the nervous system and the sympathetic, is exceedingly close; but it is practically disregarded, and I think in this direction we specially need to push inquiries.

I now propose to give a general sketch of the treatment of the different kinds of diseases of the skin, and the reasons which should induce us to employ various remedies in particular groups or kinds of cutaneous mischief, and in relation to particular circumstances. I think this sketch may be not a little useful. Ordinarily, in dealing with the general treatment of skin diseases, it is usual to name particular remedies in detail, and to state their relative virtues; but in so doing observers lose sight of the principles upon which they are employed. Now for practical purposes, as regards therapeutics, I think diseases of the skin may be conveniently grouped under three heads:—

1. Those which are purely local.

2. Those which, though mainly local in their origin, are yet *influenced* or modified by different conditions of the general nutrition, or, if the expression be preferred, by constitutional conditions. These diseases, in fact, require mainly local remedies, but demand the use of such as are *general* as *auxiliaries* to cure.

3. Those which arise primarily or directly from disturbance of the general nutrition or system. Here general are the most important, *local* measures being employed as secondary *aids* to cure.

Now in the first category may be placed warts, the simpler erythemata, and inflammations excited by cold, irritants of all kinds—e.g., erythema, simple eczema, herpes, cancer, keloid, fibroma, nævus, atrophia cutis, scleroderma, ichthyosis, and certain parasitic diseases.

In the second category may be placed the simpler forms of inflammation in badly nourished or debilitated subjects: eczema in its severer forms, lichen, impetigo, ecthyma in some of its forms, pemphigus, acne, psoriasis probably.

Under the third head fall the eruptions of the acute specific diseases: urticaria ab ingestis; medicinal rashes; all diathetic diseases—e.g., strumous disease, syphilis, leprosy; cachexias of special kinds—e.g., lead poisoning, malarial poisoning, &c.; chromatogenous (pigmentary) diseases; neurotic diseases—e.g., prurigo; and diseases connected specially with disorder of the sympathetic nervous system.

Before entering into further detail, it will be as well to remark here, that in order that treatment should be properly conducted in any case of disease of the skin, the natural history and course of the disease presented for medication should be known and regarded. The object of the physician should be to cut short the natural course of the disease by all means if he can without ill effect, but, if not, to aid in conducting it through its natural course, if that be towards resolution. If the disease be a simple erythema induced by cold or the like, non-interference, rest, or protection of the part, may be all that is required. *What not to do* is quite as important as what to do in diseases of the skin, and both are best learnt in their individual appropriateness to particular cases by a knowledge of the natural history of cutaneous diseases—a point mostly neglected. The means adapted to directly check the progress of disease are chiefly local. The diseases whose course we may *cut short* by these direct local means are particularly—(1) local diseases induced by causes acting from without upon the skin—e. g., simple eczema and traumatic erythemata; (2) certain maladies in which it is only necessary that the destruction of new tissue may be accomplished—e.g., warts, lupus, nævi, cancer, rodent ulcer; or (3) disease the cause of which is local and can be rendered inoperative by local means, as in parasitic diseases.

In the majority of cases of diseases of the skin, the cause is acting from within outwards, and we have less chance of rendering that cause inactive by the direct use of appropriate medicaments. It is only by altering the whole character of the nutrition that we can effect a cure. In some cases, as in urticaria ab ingestis, a sharply-acting emetic relieves the patient of his trouble at once—i. e., cuts short his disease; whilst local measures are adopted not with the view of cutting short, but rather (*a*) in the first place of *moderating* changes in the skin—e.g., hyperæmia, pus-formation, squamation, and the like; then (*b*) *protecting* the diseased part; and (*c*) subsequently of rousing the circulation and absorbents to a healthy action.

It will therefore be readily understood that a knowledge of the natural histories of skin diseases is most necessary to a correct handling of drugs, both internal and external, as against these diseases. My own belief is, that the early stimulation of most skin diseases does an infinity of harm, and I think this erroneous use of remedies arises from the want of a correct knowledge of the natural course of skin eruptions. We know in the case of pneumonia or pericarditis the course the disease should run towards resolution and cure, and the physician is able to give his medicines not only with a firm faith in their doing no harm, but with every prospect of their aiding nature. We do not act with the same certainty in cutaneous medicine, but dermatologists neglect to make themselves acquainted with the natural causes of the diseases they treat.

I will now proceed to some more particular remarks touching the three groups into which I have divided diseases of the skin.

Class I.

In the first place as regards diseases that may be considered local. Here we have (1) local inflammation excited by irritants in persons of good health. All we need do is to recognise the fact that the skin will soon recover from the effect of the irritant, if we do not increase the irritation already set up, and protect the part a while. We frequently do too much in these cases of erythemata. We use our astringents too freely and too early, forgetting that the ordinary stimulant action externally of the air, heat, cold, friction, and the like, upon the hypersensitive, because hyperæmic, surface is vastly increased. The exclusion of the air by powders, and the protection of the part by a layer of cotton-wool, if very simple and apparently a do-nothing affair, is in reality the best treatment; whilst it is beneficial in direct proportion to its speedy and complete adoption. The active hyperæmia having subsided, the vessels may have lost tone, and it is then alone that astringents and stimulants are advisable. This is a principle of treatment of no little importance. Its reasonableness is obvious and experimentally vindicated in practice. (2) Local degenerative changes—e.g., cancer; hypertrophous growths, as keloid. The object we have in view is to destroy by caustics, or to remove by the knife or the ligature; of course, the removal should be complete, free, and speedy. It is scarcely necessary to dilate on these points, which emphatically apply to rodent ulcer and its congener epithelioma. An exception is found in the case of keloid, which seems almost certain to return in the cicatrix. Pendulous tumours call for the ligature, as in molluscum. Whether the knife or caustic should be used, or both conjointly, must be, of course, decided by the circumstances of particular instances; but this depends mainly upon the extent of disease. If, as in rodent ulcer and nævi, the growth be small, caustic will of course suffice, but it should be freely used, and so as to attack some slight portion of the healthy tissue to make sure that *all* the morbid tissue is destroyed. If the growth be extensive, the knife should remove it freely, but by all means should a layer of caustic be subsequently used to secure the death of any stray particles or masses of the foreign growth. But even in the cases of persons in good health, of whom we are speaking, I hold that if the growth, and especially the edges, be very hyperæmic, it is better to attempt by simple astringents and exclusion of air to allay the hyperæmia before attempting to destroy the local disease; because I hold that diseases have a tendency to return—and likewise oftentimes to spread in cases where removal unfortunately happens to be incomplete—in direct proportion to the degree of hyperæmia of the boundary line between the healthy and diseased tissues. There is still a third class of local diseases that call for local treatment mainly—viz., parasitic diseases. The mode of using parasiticides in cases of animal parasitic disease is simple. It is easy to do too much even here, and to apply the remedies to the wrong place. Sulphur in scabies is frequently used too freely, and for too long a time, so that long after all acari are killed the parasiticide is applied to increase the accompanying follicular irritation, and to set up urticaria, eczema, and the like. The effect of remedies should be carefully watched after a few applications. Three days' use of *weak* sulphur ointment, or a single sulphur-bath, if followed by cessation of itching, has probably in most cases practically cured the disease, which only needs the application of the parasiticide to a spot here and there, where ova hatch out, to rid the patient of his malady. In phtheiriasis the lice and their ova are in the clothes, which require to be baked; not in the body, which only needs a good washing or two, and not parasiticide treatment, which only keeps the lice from attacking it, and does not destroy them. With regard to vegetable parasitic disease, something special must be said, and the difficulties of treatment are great oftentimes. There are innumerable parasiticides for the destruction of vegetable fungi. We are scarcely now concerned with these individually, but rather the mode and reasons of their use. Wherever hair is present in any amount, as in the hairy scalp, the fungus finds its way deeply into the follicle, and a difficulty is experienced in bringing parasiticides into contact with its elements; but on the non-hairy parts of the skin there is little trouble in the matter. It will be apparent, therefore, that in the hairy parts early treatment by local measures is of the first importance: the difficulty is one of access to the fungus deeply imbedded in the follicles. If water solutions are prescribed, it is always best to have the greasy matter of the skin removed with soap and water before applying these lotions, because many skins, being very greasy, repel the watery lotions more or less effectually. If unguents are used, they should not be merely smeared on, but well rubbed in so that they may reach the parasites. When it is thought desirable to blister, it should be remembered that the effect may not be felt at the deepest part of the hair follicle in hairy parts, where the most active fungous growth may exist. Rapid and extensive serous effusion may take place in the more superficial layers, and shut off all access, as it were, from the deepest part of the follicles. I am by no means in favour of blistering in chronic cases, though I think it of great service where the disease is pretty recent—that is, where the fungus has not invaded the parts very deeply and extensively, and the depth of tissue blistered will include the area invaded by the fungus. In old cases I prefer the continuous contact of the parasiticide in a form that does not vesicate. There is one more point to mention. It is the desirability of getting away bodily all diseased hairs, which are loaded with fungus elements. This is done by keeping the hair cut close, by shaving, and by epilation, or extraction of the hairs with forceps. As a general rule the first procedure is adopted; the second makes the head sore and too sensitive to remedies. The latter takes a great deal of time to carry out, and generally the hairs, as in the common ringworm of the head, are so brittle that they break away and the follicular portion is left behind in the follicle. Keeping the hair cut very close is the most available thing for general adoption. When, it may be asked, do we cease to apply our parasiticides? or rather, how do we know that all the fungus has been destroyed? By microscopic examination, is the answer, as we shall see in treating specially of parasitic diseases. I will only say here that where the root-sheaths are re-forming properly, and there are no fungus elements to be detected, we may conclude the remedies have had due effect.

(To be continued.)

ON THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF BRONCHOCELE.

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(Concluded from page 608.)

The treatment of these cases which I consider best combines safety with success is the conversion of the cyst into a chronic abscess. It must be borne in mind that the great preponderance of these tumours are blood-cysts, and even in the case of those cysts which contain a simple serous or albuminous fluid, the withdrawal of the contents is almost invariably followed by rupture of the capillaries in the gland-structure so commonly contained in some part of the cyst. In carrying out the treatment it is therefore most important that the disposition to hæmorrhage should be checked, and it is fortunate that the treatment which most effectually arrests the hæmorrhage also most rapidly produces suppuration.

The method of procedure is as follows:—First, empty the cyst. When practicable, it is well to make the puncture as near as possible to the median line, and to select the most dependent portion of the tumour for introduction of the instrument. As soon as the trocar is felt to pierce the cyst wall it should be withdrawn, and the canula passed further in by means of a blunt-pointed key. The fluid having been withdrawn through the canula, a solution of perchloride of iron (two drachms of the salt to an ounce of water) is injected through the canula by means of a syringe. The plug is re-inserted, and the canula secured in position by a strip of plaster. The injection of iron is repeated at

intervals of two or three days until suppuration is established. When this point is reached the tube is withdrawn, poultices are applied, and the case treated as a chronic abscess. Where the tumour consists of more than one cyst it may be necessary to make a second or third puncture; but it frequently happens that other cysts can be opened through the cyst originally punctured, and in this way some scars may be avoided.

In the class of goitre now under consideration a great variety of treatment has at different times been employed. Simple puncture is one of the oldest methods; but under this plan death has occasionally taken place, two fatal cases having been collected by Gurlt. Setons also have been used, but with only indifferent success. The method of establishing suppuration by means of canulæ and pledgets of lint has also been employed, but such treatment is most tedious. The injection of iodine has been successful in many cases. In two cases treated by Langenbeck the cure was effected in twelve days. In one case under the same surgeon, however, death took place in three weeks, and several fatal cases have occurred in this country. Simple free incision has been largely employed; but in a case under the care of Porta death took place in fifty-five hours, and in a case in the practice of Michaux death took place in nine days. A cure has also been effected by excision of a portion of the sac; but this treatment has not been without fatal results, one death having occurred in the practice of Hecker in four days; another, under Dr. Fleury, in five days, with purulent cellulitis of the neck; in one other case, which occurred to Schwörer, the patient "died cured" in seventy-two days with typhous symptoms. Extirpation of the cyst, which is evidently only suitable for small and movable tumours, has been performed on many occasions, but one death occurred shortly after this operation, to Dieffenbach. The application of powerful escharotics has also been employed, and by this means cases have been cured. One fatal case is, however, recorded by Bonnet, in which death took place after an almost complete cure, repeated hæmorrhages having occurred. One successful case treated by subcutaneous discision under Dr. Bühring has been reported by Gurlt; and the same author has found two cases treated by ligature, in one of which death took place after three days.*

Of my 39 cases of cystic goitre, 38 underwent treatment. All of these were completely cured. In three cases there was hectic with diarrhœa and temporary emaciation, but these patients completely recovered. After puncture and injection the temperature seldom rises about 101° F. In one case (No. 10) the temperature began to rise on the evening of the third day, when it was 98·8°, till the fifth and sixth day, during which it was 103°. It then gradually fell. In the case of a patient now under treatment in the hospital, in which one cyst communicates with another, the opening in the inner cyst gets occasionally occluded, so that the pus is retained, and this circumstance is always attended with a rise of temperature from 98° or 98·2° to 101°.

One patient, who was not known to be pregnant at the time of operation, aborted, and was ill in consequence. She made a good recovery, and the goitre was quite cured.

CASE 3. *Cystic goitre of five years' duration; treatment as before; cure.*—Esther J——, aged fifty-three, was first seen at the Hospital for Diseases of the Throat on Feb. 26th, 1869. She applied on account of an enormous goitre, which had existed for five years. It had not till lately been more than an inconvenience, but during the last three months it had rapidly increased, and she had become much weaker in her general health. She, however, declined operative treatment until Jan. 13th, 1870, when she applied again on account of continued increase in the size of the tumour. She was then admitted as an in-patient, and her portrait (Fig. 3) was taken. The cyst was not punctured and injected till Feb. 1st, and, on account of the great size of the tumour, treatment was pursued gradually. Pus did not form for more than three weeks, at which time the patient suffered for a few days from hectic and diarrhœa accompanied by a slight rise of temperature. The tube was removed on the 15th of March, forty-three days after its first introduction, and Fig. 4, taken March 30th, well illustrates the complete success of the treatment.

* Those who are interested in following up these various modes of treatment are referred to Gurlt's most able and interesting work "Ueber die Cystengeschwülste des Halses."

FIG. 3.

FIG. 4.

CASE 4. *Cystic goitre, treated by tapping and injection; cure.*—Charles W——, aged forty, was admitted into the Hospital

FIG. 5.

for Diseases of the Throat June 26th, 1871, suffering from a cyst of the right lobe of the thyroid gland (Fig. 5). The

cyst was punctured June 29th, and iron injected. Pus quickly formed, the canula was removed in three weeks, and the patient was discharged July 27th, the portrait (Fig. 6) having previously been taken.

FIG. 6.

Fibro-cystic goitre is, after all, only a combination of the fibrous and cystic forms of the disease, the difference in character being dependent on the relative proportion of these two varieties of goitre.

It is only necessary to remark that the cysts are often multiple, and the fibrous tissue is very frequently developed behind the cyst; so that if a very careful examination be not made, the practitioner may think that he has only a cystic goitre to deal with, and when he has tapped the cyst he may discover the solid structure.

The treatment consists in a judicious combination of the methods recommended for the treatment of fibrous and cystic bronchocele; but it is advisable to treat the cysts first. I have notes of nine cases of fibro-cystic goitre. In seven of these treatment has been adopted; four were completely cured, in two there was considerable benefit, and one discontinued attendance.

CASE 5. *Fibro-cystic goitre; twenty years' duration; treatment by tapping, drainage-tubes, &c.; very great benefit.*—Elizabeth M——, aged fifty, was admitted into the Hospital for Diseases of the Throat on September 28th, 1870, on account of a very large swelling in the neck, which had first commenced twenty years previously. On examination, a large multilocular fibro-cystic tumour was seen to project from the front part of the neck (Fig. 7). The tumour,

FIG. 7.

though lobulated, was of pyramidal shape, the apex being directed forwards and slightly downwards. The neck measured 20½ inches in its widest circumference, and the most projecting point of the tumour was 4 inches in front of the hyoid bone. On Oct. 4th the two principal cysts, one in the right side and one in the centre, were tapped and injected with iron. On Nov. 6th, the tumour having become considerably reduced by the obliteration of the cysts, a drainage-tube was introduced from left to right through the entire mass. Considerable suppuration followed, and the tube was removed on Nov. 30th. Great hardening still remaining on the right side, two caustic darts were introduced on Dec. 14th. This was followed by fresh and abundant suppuration, and a further reduction in the size of the tumour. On January 23rd, 1871, she was discharged, greatly benefited, her throat measuring only 16 inches—i. e., 4½ inches less than when admitted. As she lived at a distance from London, the portrait (Fig. 8) was taken before she left; but on

FIG. 8.

visiting the hospital three months later, the appearance was considerably better than is shown in the picture, the neck being reduced a further inch in circumference, and the scars being much smaller.

Fibro-nodular bronchocele is a subdivision of fibrous goitre, in which fibrous tissue, developed in scattered nodules, varying in size from that of a pea to an orange but generally not larger than a walnut, has undergone further change of a cirrhotic nature. These nodules are always of the densest consistence, and frequently they undergo calcareous transformation. Six cases have come under my notice, two having been sent to me by medical practitioners on the supposition that the tumours were scirrhous. The disease is probably a retrograde metamorphosis of a previous pathological condition; and although it seldom undergoes any improvement, it also rarely gives rise to any serious inconvenience. This is the more fortunate as treatment has seldom any beneficial effect.

Colloid bronchocele.—Though more or less colloid change is exceedingly common in the thyroid body, even in cases where the gland is apparently of normal size and to the naked eye perfectly healthy, colloid goitre is comparatively rare. It is remarkable on account of the large size it attains, and, as a rule, for the manner in which it effects coalescence of the different lobes, so as to form one solid tumour. It seldom causes pressure on the windpipe or gullet, and is only inconvenient on account of its very large dimensions. This form of disease is known to depend on a metamorphosis of the albuminoid constituents of the cells into the jelly-like material called "colloid"; and the large quantity of albumen contained in the cells of the thyroid body accounts for the relative frequency of colloid degeneration in this organ as compared with other parts of the body. I have no doubt that in many of the fibrous and fibro-cystic cases which I have treated there has been more or less colloid change; but I have only noted two cases as belonging strictly to that variety. The first of these cases was treated by electrolysis. This was in the year 1868. The battery employed was not at all equal to those now used, and the result was almost negative. The second case

was that of a young child; and in this case a seton was inserted, but it did not produce any reaction. With my increased experience, I think that both these cases might have been successfully treated by irritating setons or caustic darts.

No case of *vascular bronchocele* having presented itself in the 211 cases on which the present paper is based, this variety will not be here considered.

I have reserved till the end consideration of the advisability of surgical interference in cases of goitre. Some eminent surgeons are of opinion that no treatment should be adopted unless there be danger to life, or at least serious disturbance of function; and even in such cases only recommend palliative measures, such as the simple puncture of cysts, or the attempt, often unsuccessful, of tracheotomy. Billroth says that operations should not be performed for "cosmetic" effect; but seeing that so many operations are daily performed with a view of removing defects of personal appearance far less objectionable than that of bronchocele, Billroth's dogma can scarcely meet with general acceptance, especially when it is further remembered that at any time the disease may become dangerous to life.

The rule which I have adopted is, *not to recommend* patients to undergo treatment unless there is serious embarrassment of function, or continuous increase of the tumour; but as none of the various methods of treatment employed by me have hitherto been attended with fatal results in my practice, I have always been willing to carry out treatment when the patient has desired it on account of disfigurement.

If I have not referred to various other measures, such as ligature of the thyroid arteries, division of the sterno-cleido-mastoid muscle, and removal of the entire thyroid gland,* it is because I have not yet met with a case in which I have deemed such measures necessary.

Weymouth-street, W., April, 1872.

ON INCONTINENCE OF URINE IN CHILDREN.

By J. WARRINGTON HAWARD, F.R.C.S.,
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Among the minor ailments of children, one of the most common and troublesome is incontinence of urine—an affection which, besides the misery and ridicule that it often brings upon those subject to it, not infrequently, in an indirect manner, gravely interferes with their health. True incontinence of urine in adults usually indicates serious disease of the nervous centres, and has quite a different meaning and importance to that met with, as a rule, in childhood; wherefore I shall confine these remarks to the affection as it occurs in children and young persons. Although it is in these of much less serious import than the same symptom occurring in adult life, and depends, generally, upon much more remediable and transient causes, yet even here its effects are often very distressing. There are several cases on record, and I have myself seen two, in which the urethra has been cut through by a string tied tightly round the penis by boys anxious thus to prevent the escape of urine during sleep. A troublesome eczema, and even considerable ulcers, may be produced by the constant irritation of the urine upon the skin: a condition which, when combined with any disease requiring confinement to bed, often leads to serious bed-sores. For this reason, it is always desirable, when any surgical operation is to be undertaken on a patient with this affection, to first cure, if possible, the incontinence. I have lately had a good example of this in a boy who came under my care for the treatment of talipes, which had failed owing to the occurrence of sloughs wherever any pressure was made on the foot, and the boy had besides two large and deep ulcers over both hips. I found that he was constantly wet from the involuntary escape of urine—a condition that I have observed is often associated with talipes, but which in his case was due to congenital phimosis. I at once circumcised him, and thereby cured the incontinence, and at the same time the tendency to sloughing; the sores on the hips began at once to heal, and the talipes was easily remedied. Besides these physical evils, incontinence of urine often brings upon the unhappy child a painful amount of persecution, depriving it of many of its natural pleasures, and perhaps materially interfering with its education.

The treatment of this affection, then, is not without interest, and its success will depend very much upon the accurate recognition of its causes; for these are manifold and various. And first, the cases may be broadly divided into two chief classes: (*a*) those depending upon deficient nervous or muscular action; (*b*) those which have for their cause an excess of this action. The normal retention and passing of urine depend upon the proper balancing of the expulsive and retentive forces—that is to say, of the muscular walls and of the sphincter of the bladder. And this balance may be disturbed either by a want of sphincter power or an excessive expulsive power. Now the first of these—the want of sphincter power—is, I believe, in children, much the less frequent of the two causes, and is usually associated with delicate health, spinal curvature, talipes, or other paralytic affections; it is also the more troublesome to cure. The second and more common cause, the excess of expulsive power, occurs, on the other hand, in perfectly healthy children, and may depend upon the condition of the urine, or of the bladder, or upon some neighbouring or eccentric irritation, and is of the two much the more easily remedied. There is no doubt also a certain, but I believe a small, number of cases which depend upon mere indolence and bad habit; and these must be treated by careful management, and, if need be, punishment; which, I may remark, should not depend upon the temper or caprice of a nurse, but should be carried out in an intelligent manner.

In the cases due to want of sphincter power there is usually incontinence by day as well as by night; the water escapes very frequently and in small quantities, and the child is constantly wet; they are mostly associated with general nervous and muscular debility, and the expulsive power of the bladder is also weakened. These cases will be benefited by tonics, and especially by strychnia. I have seen excellent results from this remedy, but it must be persevered with and given in sufficient doses, and not relinquished if it does not in the first week or two produce much benefit; for it must be remembered that this class of cases always requires prolonged treatment. I have also seen benefit from the liquid extract of ergot, but this is less to be depended upon than strychnia; and several children in which all other means had failed, I have cured at once by the application of solid nitrate of silver to the neck of the bladder, or the orifice of the urethra. These were all girls. The majority of cases, however, depend upon the second cause—an excess of nervous or muscular action. And in these the balance of expulsive and sphincter power is not, I believe, altered by the weakening of the sphincter, but by a spasmodic expulsive action which the sphincter is incapable of resisting. Thus, during the day, by voluntarily adding to the contraction of the sphincter, the effects of this expulsive spasm may be to some extent resisted, and the water is retained; moreover, as in some other spasmodic affections, these involuntary contractions occur less frequently in the day than during sleep, when the voluntary controlling powers are in abeyance. Again, the causes of this kind of incontinence are of an irritant nature, and such as to excite spasm rather than to weaken the sphincter; a view which is besides corroborated by the fact that the most effectual remedies are those which remove irritation and allay nervous and muscular excitement. It is remarkable, too, that, like chorea and epilepsy, the incontinence often ceases during an acute illness, but returns with convalescence. In boys, I think, by far the most common cause of this muscular spasm is the existence of congenital phimosis, which, from its retaining the secretion round the glans, the barrier which it offers to proper cleanliness, and the adhesions which it frequently leads to between the preputial mucous membrane and the glans, is a constant source of irritation. I have seen so many children mercilessly dosed with iron and other physic, when the incontinence was at once cured by circumcision, that I cannot avoid laying some stress upon the apparently obvious necessity of examining the urinary organs of all

* This operation has lately been performed with great brilliancy and success by Professor Greene, of New York, and those who are interested in the subject are referred to his very complete article in the "American Journal of Medical Science" for January, 1871.

children suffering from incontinence. And I would point out that in many of these boys a very moderate degree of phimosis will be sufficient to cause incontinence; there is often an excessive length of prepuce with but little contraction of the orifice; such cases are almost certainly cured by circumcision. It must be remembered, however, that a bad habit often persists after its original cause is removed, and therefore it is sometimes necessary to take some pains to break these children of the habit of passing water during the night for the first week or two after the operation; as, for instance, by waking them a little later every night; measures which, though ineffectual before the operation, will after it soon be successful. Many of these cases, however, are at once cured by the operation without any further trouble. Another frequent source of irritation is the presence of ascarides in the rectum, and thus the incontinence may sometimes be cured by a compound scammony powder, followed by iron. Fissure of the anus, though not common in children, may also cause incontinence of urine, and it is remarkable sometimes how much of the inconvenience is referred to the bladder rather than to the real seat of disease. Of course this would be treated by the appropriate operation. Excessive acidity of the urine is another cause which, it will be remembered, depends usually upon disordered digestion, and must be treated accordingly. Alkaline urine is occasionally present in these cases, and, when not associated with cystitis, is generally found in hysterical girls. In these, phosphoric acid, chalybeates, and valerian will be the most appropriate remedies.

Incontinence of urine is sometimes the only symptom of stone in the bladder, especially if the stone be a very large one, so that sounding must not be omitted in our investigation into the causes of this affection. But there remain certain cases, and of these not a few, in which we can discover no cause whatever for the affection; and these are they which are, as a rule, to be cured by belladonna. To prevent disappointment it is needful to take care that the preparation of the drug is a good one, for specimens of belladonna differ much in potency. The extract is, I think, the best form of giving it, and should be administered in doses commencing at one-sixth or a quarter of a grain, and, if necessary, increased till some dryness of the fauces or other physiological effects are produced; if then there is no improvement it is not likely to be beneficial. It matters little whether it is given during the day or only at night. Chloral has been highly spoken of as a remedy for this affection; but, though I have tried it pretty extensively, I have not found it nearly so efficient as belladonna. Neither have I found blisters, which are recommended to be applied to the sacrum or umbilicus, of much use. Bromide of potassium and cantharides are also by some recommended, but have generally failed in my hands. I have recently been testing the efficacy of all these remedies, and my opinion of them is founded upon that experience. Nevertheless, they will some of them doubtless succeed when others fail; but of the cases for which no cause can be found, there are, I think, very few indeed which are not to be cured by belladonna.

Queen Anne-street, W., May, 1872.

ON THE

DANGER OF FORCIBLE DISTENSION OF THE RECTUM IN CASES OF OBSTRUCTION OF THE BOWELS.

BY T. P. HESLOP, M.D.,

PHYSICIAN TO THE QUEEN'S AND CHILDREN'S HOSPITALS, BIRMINGHAM.

A CASE was recorded in the columns of THE LANCET of April 13th which illustrates a danger, as regards a certain procedure, not so fully recognised as it deserves to be. A married woman, aged thirty-three, suffered from obstruction of the bowels. No relief taking place for several days, Amussat's operation was considered, but the supervention of a syncopal condition caused it to be abandoned. The medical attendant now determined upon introducing his hand into the rectum, and a stricture was discovered in the sigmoid flexure of the colon. Some water was injected through the opening, with the result of bringing down a very large quantity of fæcal matter and fluid. Three hours after this operation the patient died. The necropsy is thus described:—"On opening the abdomen about a pint of fluid was found in the peritoneal cavity, most of which had probably escaped from the bowel, which had been perforated by an ulcer at the seat of stricture at the lower part of the sigmoid flexure. The small intestines were much distended, the large ones empty, and both were much congested." It can scarcely be doubted that the ulcer was torn by the well-intentioned efforts of the operator, and that the result of this tear was the outpouring of fluid into the abdominal cavity. Nothing is said of peritonitis, which must have been produced had the perforation preceded death by many hours. When the state of bowel at the seat of stricture is considered, its loss of elasticity, its constriction, its frequently changed relations to neighbouring parts, it would be wonderful if an ordinary hand could be introduced, however gently, into the rectum without endangering a rupture of the diseased part.

I have felt compelled to draw this conclusion because the case forcibly reminds me of such an accident which occurred in my practice many years ago under similar circumstances. I was summoned by a Birmingham surgeon to see a young woman suffering from intestinal obstruction. No relief having been obtained from the means employed, my colleague declared his desire to pass his hand into the bowel, to which I assented. The case ended fatally, and at the necropsy we observed a similar condition of the colon to that above described, *inclusive of the lacerated state*. The danger of bringing about such a catastrophe as this last is obvious. The corollary I drew was that, however indispensable in such cases may be the digital examination of the bowel and pelvic cavity, the introduction of the hand into the rectum should be a procedure undertaken only exceptionally, and after grave consideration; and, moreover, that the possible results of the procedure should be explained to those interested.

Birmingham, April, 1872.

HYDATIDS IN THE KIDNEY.

BY A. B. SHEPHERD, M.A., M.B.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL, VICTORIA PARK, ETC.

FOR the notes of the following case I am indebted to my friend, Mr. H. G. Budd, of Worcester, with whom I saw the patient.

W. R——, aged fifty-one, a coachman, a strong healthy man, has, for the last three years, at varying intervals of time, passed per urethram large quantities of hydatid cysts. Beyond a dull pain in the back and left side, and a more frequent desire to micturate, he has not suffered any inconvenience, except once, eighteen months ago, when he was confined to his bed for a week; he was feverish and complained of pain in the left flank. In the left kidney region was a large tumour, tense, elastic, and dull on percussion. This tumour disappeared entirely in the course of a few days, after the passage of a large number of hydatids. Since that time he has passed a few at intervals, but has not been again laid up.

Rayer ("Traité des Maladies des Reins," Paris, 1841, t. iii., p. 545) observes of hydatids of the kidneys, "Cette altération des reins, très rare chez l'homme, est assez commune chez d'autres animaux, surtout chez le mouton." Davaine ("Traité des Entozoaires," Paris, 1860, p. 524) makes the same remark as to their rarity, and gives briefly thirty-nine cases observed by different writers, including Rayer's cases, and two recorded by Barker ("On Cystic Entozoa in the Human Kidney," London, 1856). Leuckart ("Die Menschlichen Parasiten," i. 378) contents himself with the mention of Davaine's cases. Eight may be found recorded in the *Med. Times and Gaz.*, 1855, i. 159, 235, and another in THE LANCET, 1855, ii. 366. Some of these are incorporated with others, to the number of thirty-eight, in a thesis by Béraud ("Des Hydatides des Reins," Paris, 1861). The Pathological Society's Transactions (iv. 194; xv. 247) contain two cases in which the cysts were found after death. The second presents an odd coincidence, inas-

much as, in a general hydatid disease affecting the liver and almost all the other organs, only one kidney seems to have contained cysts: such is the general rule when the hydatid of the kidney occurs independently of cysts elsewhere (Cf. Rayer, Davaine). Another case, in a soldier aged thirty-five, is published in full by Mr. A. L. Adams (THE LANCET, 1864, ii. 375).

Hertford-street, Mayfair, W., May, 1872.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

ABSCESS OF THE LIVER; OPERATION; RECOVERY.

(Under the care of Dr. BLACK.)

For the notes of the following interesting case we are indebted to Mr. Henry Thompson, house-physician.

C. W——, a porter, aged thirty-one, was admitted into hospital on the 19th of August, 1871. He had served as a soldier for six years in India, during which time he had a severe attack of dysentery, from which, however, he completely recovered. This was four years and a half ago. About a year after this he was admitted into the hospital at Lucknow for some liver affection, which he has continued to suffer from at times ever since. He was discharged from the army on account of this three years ago. Since January, 1871, he has had continual pain in the region of the liver. He came as an out-patient to Dr. Church in April, who admitted him into the hospital. He was in the same ward, and an abscess of the liver was diagnosed. He left the hospital in June, somewhat relieved. He is a well-formed, moderately muscular man; has always been temperate; never had syphilis, but had gonorrhœa ten years ago. He says he has lost flesh lately and is much thinner. He complains of great pain and tenderness on the right side, especially just below the ribs. This pain is much increased by pressure; it is more severe at night, and almost entirely prevents him from sleeping. He cannot lie on either side on account of the pain it causes him. Lately he has had slight rigors—about once a week, he says.

State on admission.—Expression somewhat anxious; face pale; pulse full and strong, 84; temperature 100°; appetite bad; bowels regular, but fæces are lighter than normal; tongue red, furred in centre. Urine: specific gravity 1010; acid; no albumen, bile, or sugar. Chest well formed; percussion over left side normal; on right side in front, dull from an inch above the nipple to the level of the umbilicus, and from an inch to the right of the sternum to two inches and a half from the spine behind. Heart and lungs healthy; respiration is feeble on the right side, and no respiratory sound is heard over the dull area in front. The right side of the thorax, midway between the sternum and the angles of the ribs, pits on pressure, and is considerably fuller than the corresponding part of the left side. Circumference of the chest at its widest part, 34½ in.; the right half measures 16 in., and the left 18½ in. There is some congestion of the integuments on the right side. He was ordered a mixture containing nitro-hydrochloric acid, and a morphia draught at bed-time.

Aug. 24th.—The side is more painful but less congested; has not slept during the night, though the draught eased his pain; pulse 78; temperature 100°; tongue redder, furred in the centre; bowels confined; appetite very bad. The side is to be rubbed with chloroform liniment.

28th.—The pain was so severe last night that he was ordered twenty minims of tincture of opium, and to have the side rubbed with opium liniment; he slept for an hour or two. The swelling on the right side seems to be pointing opposite fifth, sixth, and seventh ribs; circumference 35 in. At a consultation with Mr. Thomas Smith it was decided, as fluctuation could be felt, to puncture the swelling. As the bowels were still confined one ounce of castor oil was given.

29th.—The patient having been put under chloroform, Mr. Smith made an incision over the most prominent part (about opposite the sixth intercostal space, midway between angle of rib and sternum) and then passed in a director, which seemed to enter a canal, until almost the entire length of the director was introduced. An immense quantity of pus gushed out—54 oz. When the patient coughed there was a distinct forcing out of the pus; a good deal of blood was mixed with the pus, which consisted almost entirely of broken-down liver-substance, but did not contain any bile. An india-rubber tube was then passed into the opening as far as the director would reach, and fastened to the side.

30th.—Tongue red at tip and edges; did not sleep at all last night, not so much from pain as from restlessness; bowels opened once during the night; feels very comfortable this morning; has taken no nourishment except brandy-and-water. The opening has discharged freely, and continues to do so with each poultice; altogether 96 oz. have been measured, besides what came away into the bed and the poultices, which the sister computes at 20 oz. Pulse 75, rather thready; temperature 97·6°.

31st.—Says he feels "quite jolly"; slept well without an opiate, which is the first time he has done so for a month. The wound continues to discharge freely, but the tube has slipped out; pulse much healthier-looking; appetite better; pulse 96, fuller; temperature 98·8°.

Sept. 2nd.—Yesterday Mr. Smith reintroduced the tube on a director; about twelve ounces of pus escaped, and it has continued to discharge freely since. Did not sleep well last night. Tongue unchanged. He had a rigor yesterday morning lasting about three hours, and a slight one during the night. Pulse 84 full, strong; temperature 99·2°. To have a chop, beef-tea, and five ounces of brandy.

4th.—Has had no more rigors. Feels pretty easy, but complains of having to lie so long in one position. Bowels open daily; appetite improving; tongue cleaner. The wound discharges freely; the pus more blood-stained.

9th.—Tongue not so red; sleeps well; appetite very good; bowels regular. Pulse 90; temperature 100·2°. The abscess was ordered to be injected daily with a lotion containing one drachm of the tincture of iodine to the pint of water.

17th.—Improving; very little pain or tenderness; much less discharge from the wound; tongue quite clean; bowels regular; appetite good.

20th.—Patient gets out of bed daily; no pain; discharge less.

Oct. 2nd.—Says he feels as "jolly as a cricket," and better than he has done for three years; looks quite fat in the face; tongue quite clean; appetite very good; no tenderness over chest. The right side dull in front, from two inches below the nipple to the level of the eighth rib; very little dulness posteriorly; respiration heard down to the tenth rib, although not quite so strong as on the left side. The wound looks like a small cloaca. The tube was taken out on Sept. 20th. There is hardly any discharge from the wound.

12th.—He was discharged cured.

He came to the hospital a few months after, looking as healthy as a man could, and stating that he never felt better in his life.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

MELANOTIC TUMOUR OF THE EYE; EXCISION OF THE GLOBE AND APPLICATION OF THE CHLORIDE-OF-ZINC PASTE TO THE TISSUES WITHIN THE ORBIT; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

THE chief interest in this case is the method which Mr. Lawson adopted in applying the chloride-of-zinc paste to the tissues within the orbit after the eye had been removed. His object was to avoid the destruction of the eyelids, a result which generally follows the free application of this caustic to the parts within the orbit. In this he was successful; the chloride of zinc destroyed effectually the contents of the orbit, which came away in large sloughs,

but both the eyelids remained intact. The following are the notes of the case:—

J. B——, aged fifty, a tall, healthy-looking man, with no family history of cancer. About four years ago he discovered that the sight of the right eye on the temporal side was lost, and this failure of sight increased until in about six weeks he was quite blind. He then suffered from a severe attack of inflammation of the affected eye, for which he was sent to his county hospital. Under treatment all inflammation ceased, and the eye regained its external normal appearance; but the sight was lost, and with that eye he has continued blind. From that time the eye remained quiet until the present attack, which began eight weeks before he was admitted into the hospital. The eye then became exceedingly painful, the cornea ulcerated, and a vascular growth protruded, from which he had repeated attacks of hæmorrhage which obliged him to seek medical assistance. On April 9th he was admitted into the Ophthalmic Hospital.

On admission, the globe was larger than the other eye, and evidently distended by a growth within it. There were dark bluish-coloured bulgings in the ciliary region on the upper and inner side of the eye. The greater part of the cornea was occupied by a vascular, warty-looking growth, from which for the last fortnight there had been frequent hæmorrhages, requiring the man to seek assistance from a surgeon in the neighbourhood, who each time succeeded in arresting the bleeding by the use of strong astringent applications.

Mr. Lawson excised the globe, the interior of which was occupied by a melanotic tumour, which had forced its way through the cornea. A pad of lint was applied over the orbit, and allowed to remain for about half an hour, until all the hæmorrhage had become completely arrested. The bandage was then removed, and a speculum having been introduced between the lids, the mouth of the bag of conjunctiva from which the eye had been enucleated was carefully held open with two pairs of forceps whilst Mr. Lawson passed into it the chloride-of-zinc paste, spread on two pieces of lint. The conjunctival edges were now drawn together, and the remaining cavity of the orbit firmly filled up with a number of pieces of dried sponge, over which the lids were closed, and then a compress and bandage applied. A subcutaneous injection of morphia was given in order to avoid the pain which the chloride of zinc often occasions. On the following morning the lids were swollen, but there was no evidence of the chloride of zinc having reached them.

The patient progressed favourably; large sloughs came away from the orbit, but both the upper and lower eyelids entirely escaped the action of the caustic, and the man left the hospital on April 23rd.

CHARING-CROSS HOSPITAL.

CASE OF "ICHTHYOSIS LINGUÆ."

(Under the care of Mr. FAIRLIE CLARKE.)

"ICHTHYOSIS LINGUÆ" is so rare a disease, its origin is so obscure, its treatment is so unsatisfactory, and its results are often so serious, that every well-marked case which can be noted and recorded may help to throw light on the subject.

W. H——, aged thirty-eight, formerly a soldier, but now a porter, applied at Charing-cross Hospital in October, 1871, on account of the state of his tongue. Fourteen years before he had contracted syphilis in India, and since then had passed through nearly the whole circle of secondary affections. Among other symptoms his tongue became superficially ulcerated, and this has persisted, more or less, for eleven years. He has been a careless, free-living man, and for long he neglected himself entirely. If he applied to a surgeon when his tongue was worse than usual, he discontinued the remedies as soon as he got a little better. In this way the ulceration had crept gradually all over his tongue, and wherever it had been the healthy mucous membrane was replaced by a coating not unlike the rough side of white kid leather. But it had a peculiar silvery appearance, altogether different from ordinary "fur." In some places this coating was thicker than elsewhere, and had quite a corny appearance and hardness. This, as the patient explained, was where the ulceration had been the most severe, and where caustic had been most freely applied by himself as well as by those who had seen him.

When he came to Charing-cross Hospital there was no active ulceration going on, except a very little at the under surface of the tip, and on the inside of the lower lip; but the whole of the dorsum where the white coating extended was painful and tender during mastication, especially after any excess or indiscretion in diet. This state of the tongue seemed to have a prejudicial effect upon his general health, for he complained of various dyspeptic symptoms; but there were no other apparent manifestations of syphilis except the ulcerations that have been mentioned.

With regard to treatment the first object of the surgeons should be to secure the maximum of rest, mechanical and physiological. In this case the ulcerated spots were lightly touched with lunar caustic, and iodide of potassium as well as a variety of stomachic and tonic medicines were prescribed, but with no marked effect. The ulcerations improved, but the thick white coating remained much as before. The disease is essentially of a chronic kind, and very intractable; indeed there is much reason to fear that all severe cases of "ichthyosis linguæ" have a tendency to develop into epithelioma. Notable instances of this have been recorded by Sir James Paget and Mr. Hulke.

The disease consists essentially of an hypertrophy of the epithelial and papillary elements of the mucous membrane. It is, in fact, a warty growth, a papilloma, and it would be better if it were so called, for it is quite distinct in its characters from ichthyosis of the skin. With regard to its etiology, it may be caused by anything which sets up and maintains irritation. Here the source of irritation was superficial syphilitic ulceration. But it is not always due to syphilis. Sometimes carious teeth and persistent toothache may give rise to it. Dr. Andrew Clark mentions that he has seen more than one case among glass-blowers, dependent apparently upon the peculiar nature of their employment. The sources, therefore, to which it may be traced are various, but they all have this in common, that they keep up a constant irritation of the mucous membrane, and this leads to an overgrowth of some of its structures. When once this overgrowth has reached a certain point it defies treatment, and shows a tendency to advance steadily towards epithelial cancer.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

LITHOTOMY; HÆMORRHAGE ON THE SIXTH DAY; RECOVERY.

(Under the care of Mr. SQUARE.)

GEORGE B——, aged fifteen, of a ruddy aspect, but rather melancholy disposition, was admitted August 31st, 1870. There was nothing noticeable about his symptoms, nor about the operation—lateral lithotomy,—except that a particularly small quantity of blood was lost. The stone was about as large as a small walnut, and was removed with rather exceptional ease, so that no bruising of the parts took place. After the operation he was restless, and required an opiate at night, and for the first three days was very feverish, the temperature rising to 104·5° F., and the pulse to 130. He was given milk diet, and occasionally a sedative, and he gradually improved until the sixth day after the operation, the fever leaving him, and his appetite returning. The urine passed freely by the incision, which was looking very healthy, and he appeared to be doing well altogether. In the morning his bowels were open for the first time after the operation, and in the evening there was slight hæmorrhage, but nothing of importance.

The next day, the seventh from the day of operation, his bowels were open again, and he lost an additional small quantity of blood, but did not appear to be the worse for it. The urine was still passing freely through the wound, which was looking very healthy.

On the eighth day, in the morning, he lost a considerable quantity of blood, probably two or three ounces, which came away partly in a clot, and was suspiciously florid in colour. The hæmorrhage ceased as suddenly as it came on, so that it is difficult to say whether it stopped spontaneously,

or was arrested by the applications of iced water, &c., which were at once resorted to; but it returned twice during the day. Each time the blood came away rapidly, almost in a gush, for a short time, and then stopped suddenly; and it was thought probable, though no distension of the bladder could be detected, that the blood passed into it and coagulated, and was then expelled by a rapid contraction.

On the ninth day the hæmorrhage occurred in rather greater quantity; the blood was sometimes of a peculiar dark purplish colour, not black, but like water with a great deal of Condy's fluid in it—sometimes of a lighter, almost arterial colour, but always more or less coagulated. The application of cold was again employed, and a pint of cold water injected into the bladder, where it was retained for some time. The tongue had become furred, the pulse weak and rapid, and the countenance very pale. He was ordered a mixture of sulphuric acid and quinine. The hæmorrhage returned in the evening, but was not so copious. He must now have lost ten or twelve ounces of blood.

On the tenth day he lost more blood, probably four or five ounces, and, though he had taken his food well, was getting very low and weak, and nearly fainted once or twice. Was ordered half an ounce of brandy in two ounces of beef-tea every two hours.

On the eleventh day he lost about two or three ounces of blood, but, as he had taken his brandy &c. well, was rather better on the whole than he had been the day before.

After this he had no return of the hæmorrhage, and continued to improve gradually. The urine, which from the day of the operation had all passed through the incision, continued to do so until the fifteenth day after the operation, when some was passed by the natural passage, and on the fortieth it ceased to pass through the incision at all. His appetite was very good, his diet consisting for some time of beef-tea, milk, eggs, fish, and six ounces of brandy daily. His bowels were rather inclined to constipation, and he had, therefore, from the first, to take occasional aperients, and, as a rule, it was when these acted that the hæmorrhage occurred.

The interesting point in this case seems to be that, although no vessel was injured at the operation, and no pressure made that could cause sloughing, yet the boy nearly lost his life from hæmorrhage which did not come on till the sixth day after the operation. The cause of the bleeding might have been sloughing induced by the irritation of the urine and implicating small arteries; or it might have been from the veins at the neck of the bladder; and, as it occurred suddenly and stopped as suddenly, but little was left each time for remedies to effect. His improvement seems to have dated from the exhibition of stimulants, and this also accords with the above supposition.

LITHOTOMY; ERYSIPELAS; RECOVERY.

(Under the care of Mr. FOX.)

William L——, aged four years, was admitted under Mr. Fox's care on August 20th, 1870. He presented the usual symptoms of stone in the bladder, and the operation of lateral lithotomy was performed on September 2nd. Three calculi, each about the size of a pea, were removed without difficulty. The knees were tied together, the child kept on his back in bed, and a sedative ordered to prevent restlessness, and relieve the pain and soreness from the operation. He was kept on milk diet at first, and perfect rest and quiet were maintained. The urine flowed without disturbance through the wound. The bowels were opened on the fifth day by a small dose of castor oil, and then continued very regular. The urine began to flow by the natural passage on the twelfth day, and soon—about six days after—ceased to pass through the incision at all, and he was discharged well on October 5th, the thirty-third day after the operation.

During the last ten days the patient had a slight attack of erysipelas around the incision, which, though it soon got well, is rather interesting as a subject of speculation on its cause and the way it came on. There was no case of erysipelas in the hospital, much less in the ward, at the time, so that it evidently arose in himself. There was no unhealthy or sloughing condition of the wound to which it could be attributed; but the weather was a little cold, and he was allowed one day to go out of doors, and this probably followed.

For the notes of the above cases we are indebted to Mr. R. B. Anderson, house-surgeon.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 16TH, 1872.

MR. JOHN WOOD, F.R.S., VICE-PRESIDENT, IN THE CHAIR.

MR. RIVINGTON showed a large sanguineous Tumour, from the axilla of a woman aged fifty-nine. It had been growing for five years. There was pain down the arm, thumb, and index-finger. It was tapped and a bloody fluid drawn off. As its size and firmness were unaffected, it was excised. It was connected with axillary nerves. In reply to the President, he said there was no paralysis of the branches of the musculo-spiral nerve.

Dr. BROADBENT showed the Eyes from a patient, aged fifty, who died from Bright's disease. She had had epileptiform fits. On examining the eyes, the optic discs were elevated, very vascular, with hæmorrhagic effusions on the outer side. There were none of the white spots common in kidney disease. He thought it might be due to cerebral tumour. The patient had no confidence in walking unless supported. There was albumen in the urine. At the autopsy the kidneys were found granular and contracted. He then showed the Eyes from a girl who died of meningitis. During life the optic discs were not well defined. At the autopsy, nerves congested, and a swelling on the nerve before entering the eyeball.

Dr. MURCHISON mentioned a case of Dropsy after Scarlet Fever, where, after convulsions, the sight was impaired. Examination of the eyes showed hæmorrhage into the retina; there was albumen in the urine. The patient was suffering from fatty kidney.

Dr. THOROWGOOD exhibited a specimen of Stricture of the Œsophagus from a man aged sixty-four. For three weeks he had suffered from dyspepsia and vomiting, the food returning as taken. He was admitted into hospital, and died suddenly after eating an orange. Fragments of it were found in a pouch above the stricture. He thought inanition was the cause of death. In reply to the President, he said no other disease was found.

Dr. CAYLEY asked if the orange accumulating had pressed upon the trachea.

Mr. WARD, who made the post-mortem, said there was no pressure.

Dr. LANGDON DOWN showed an Abscess in the Liver, and an Ulcerated Colon. The man had never been out of England. Six months ago he had an attack of dysentery. A swelling came in the right hypochondriac region; it increased and pointed. It was tapped by the aspirator, and twelve ounces of pus were drawn off. At the post-mortem the colon was covered with ulcers from the ileo-cæcal valve to the rectum. It was rare in England to have abscess of the liver following dysentery.

Dr. PAYNE showed a Heart with a large mass filling and dilating the right auricle. It was connected with a similar growth filling the superior vena cava and extending for a short distance into the veins opening into it. In the mediastinum was a tumour connected with the aorta and pulmonary artery. The patient, a man aged thirty-nine, had had symptoms of disease of the right side of the heart for two years and a half; he was cyanotic, and the upper limbs were œdematous. It had come on, he said, after making a great effort. The other organs were healthy. The mass had a malignant character, arose from the connective tissue of the mediastinum, and penetrated into the veins, and so reached the heart. The structure was that of a lymphadenoma. He thought that growths arising here were of this nature.

Dr. DOUGLAS POWELL said that if the growth was at the root of the lung, and spreading into it, it was cancerous or sarcomatous; if in the anterior mediastinum, it was of lymphomatous origin.

Mr. HULKE said that, from the examination of a number of cases, he agreed with Dr. Payne that the growths were of the nature of lymphadenoma.

Dr. KELLY showed a Heart from a child who had died of chorea. There were vegetations on the auricular aspect of the mitral valves, with embolism of the corpora striata. The child had had choreic movements for two months. The

temperature had been singular—100° F. to 104°, and before death 106°. The heart's sounds were normal; no bruit. The middle lobe of the right lung was hepatised; liver fatty; other organs healthy. Brain membranes healthy; no plug visible to the naked eye. The corpora striata softened, more so on the left side; little eyelets of white softening; the vessels in the patch very fatty; no trace of plug in the vessels. He thought the softening was very likely due to the blocking of small vessels from fibrine.

Mr. DURHAM showed a specimen of Intussusception of the Rectum. The upper part was pushed down into the middle and lower part. The patient had been constipated for fourteen days; and, on examining the rectum, a mass was found projecting into it, with a depression in the centre, into which the tip of the finger entered. No fluid could be injected. Colotomy was performed in the left groin, but the rectum could not be reached owing to the mass of fæces. At the autopsy a villous growth was found, projecting from the upper part of the rectum, and so leading to the dragging down of the bowel. In reply to the President, he said he considered the villous growth the cause of the intussusception; it was pushed down by the fæcal matter, and so produced a doubling-in of the intestine.

Dr. BRISTOWE exhibited a Brain with effusion of blood into the left corpus striatum, associated with gangrene of the lower extremities, from blocking up of the aorta by a clot. A woman aged forty-three had right hemiplegia after a fit, was aphasic in the broad sense of the word, but understood what was said. After three or four weeks she could speak, but was amnesic—could not remember her name, &c. After a time she had another fit with loss of consciousness; no paralysis of left side. The temperature was high, and she had a hacking cough; her feet became cold and livid, and the left lower extremity to the thigh became dead; the right followed. At the autopsy the left corpus striatum was found entirely destroyed; there had been effusion into its substance, which had been absorbed, and the part collapsed. In the heart was found a softening clot in the left ventricle; in the right lung, gangrenous abscesses. The aorta was obstructed by a clot beginning below the origin of the renal arteries, and extending down the common iliacs. He thought the clot found in the heart, that filling the aorta, and the condition of lung occurred at the same time—about ten days before death.

Dr. BROADBENT said this was the only case in which a lesion confined to the corpus striatum had given rise to loss of speech, &c.; usually the characteristic lesion is outside the corpus striatum. The change from absolute speechlessness to loss of memory was interesting. He thought that investigation of this case might throw some light upon it. (Specimen referred.)

Dr. BRISTOWE then brought forward a case of Obstruction of the Bowels from carcinoma of the descending colon. A man, aged thirty-three, seven or eight years ago suffered from obstruction of the bowels and intense abdominal pain. Three weeks ago these symptoms returned. He was constipated and sick; the sickness subsided. No tenderness, except when paroxysms of pain occurred. The intestines were distended, and seen working through the abdominal walls. He was given opium and warm baths. He seemed better, but was still constipated. Injections were used; fæces came away at first; after this he became worse, and to relieve the intestines they were punctured with a fine trocar in two places. Little gas escaped, but a drop of fæces. Peritonitis came on in two or three hours, and the man died in twenty hours. At the autopsy no inflammation about the punctures, but the ileum was perforated two inches from the cæcum. The descending colon impermeable from a growth of colloid substance. There were several ulcers in the cæcum and ileum, perforating the muscular tissue. No signs of typhoid fever. The ulcers resulted from irritation of fæces.

Dr. MURCHISON mentioned the case of a lady in whom puncture of the intestines had been performed; a large quantity of gas escaped, and she was greatly relieved. The gas reaccumulated very slowly. She died a week after; no evidence of inflammation.

The PRESIDENT mentioned a case in which he had done the same, and relieved the patient of his dyspnœa; the gas did not reaccumulate before death.

Mr. CROFT showed a specimen of Osteo-sarcoma of the Femur from a patient aged eighteen. In May, 1871, he had amputated the left leg below the knee (at the desire of his friends) for a tumour, the size of a fist, in front of the lower third of the tibia; this had been growing for seven months. On section, the tumour was very vascular, and consisted of a soft structure supported by a reticulum containing osseous spicules. The reticulum was composed of fibres and spindle-shaped cells, and in many places presented growth of bone. The alveoli contained cells and nuclei of various forms, round, ovoid, polygonal, and even caudate. The surface of the tibia was eroded and growth had invaded the medulla. The patient made a good recovery, and returned to his employment. Four months after this the knee began to swell, and he was admitted into St. Thomas's Hospital in March last; the knee was 19½ in. in circumference; a femoral gland was as large as a small egg. He was suffering severely, and the growth was increased. On April 3rd amputation at the hip was performed, and the enlarged gland was removed. The patient has done well. On examining the limb the tibia was found quite free from disease; the joint had not been invaded. The growth appeared to spring from the condyloid extremity of the femur. It was very vascular, and in structure similar to the one removed before. A section of the hardened gland showed a reticular structure of connective tissue. Mr. Croft drew particular attention to the fact that the growth had not recurred in the stump of the tibia. He thought the character of the stroma and the cell shapes distinguished it from encephaloid cancer. It appeared on the border line, and he wanted to have the specimen referred to the Morbid Growths Committee. If the cell-growth of a cancer be of the epithelial type, whence, in the end of the femur, had this growth derived cells of epithelioid variety?

Owing to the lateness of the hour no drawings were handed round, and no sections exhibited. No discussion ensued.

Reviews and Notices of Books.

Practical Lessons on the Nature and Treatment of the Affections produced by the Contagious Diseases, with an Account of the Primary Syphilitic Poison and of its Communicability, &c. By JOHN MORGAN, A.M., M.D. Dub., F.R.C.S. Ir., Surgeon to Mercer's and Westmoreland Lock Hospital, &c. With plain and coloured Illustrations. Small 8vo, pp. 331. London: Baillière, Tindall, and Cox. 1872.

DR. MORGAN'S appointments have given him special opportunities of clinically studying venereal disease, and in this volume he lays before the profession his views as to the nature, the character, and the therapeutics of these maladies. Now, we may say at once that, as regards the text, the work has our approval, and the more so as it contains much that is original and of practical importance; but we confess to a strong feeling of regret that the pages of the work should be, as we think, marred by illustrations which, from an artistic point of view, may be described as sensational, and, from a clinical point of view, questionable as a means of conveying to the reader really satisfactory impressions. We particularly refer to the illustrations of the male organ, in which indurated sores, and ulcers, and gangrene are alike depicted as black dabs. The only thing, indeed, artistic about them is the way in which the organs are slung in the handkerchiefs that are represented as supporting them. A similar criticism may be passed on the full-length figures of the man in the frontispiece, the woman at p. 157 "with acute secondary ulcerations," and certain other figures in the body of the work, which we think greatly mar its general character.

But we pass to say a few words as regards the matter of the book itself. The first part of it deals with the question of infection, the nature of the syphilitic poison, the numerical relation of the two forms of sore, &c. The author then proceeds to deal with the matter of the unity or duality of the syphilitic virus, and declares his ad-

herence to the former and his reasons for believing with the unicists.

The pathology and treatment of the various forms of syphilitic disease, internal and external as regards the parts of the body, are dealt with carefully and in much detail; and no less so are the questions of syphilisation, infantile syphilis, mercurialisation, and other kindred topics. The part that will give rise to most discussion is that in which Dr. Morgan attempts to show that disease can be produced from the contact and admission of a secretion unconnected with any local sore, but dependent on a constitutional taint. Experiments and observations on this point are illustrated by very good coloured drawings. Dr. Morgan's statement points us to a possible source of contagion hitherto but too little recognised. No doubt the truth will be rigorously tested, but so much the better for science. Dr. Morgan deals incidentally with the question of the preventive action of the Contagious Diseases Acts, to whose beneficial operation he bears the strongest testimony.

We think that, on the whole, Dr. Morgan has succeeded in his object—namely, the production of a work which, though not comprehending a full and exhaustive description of syphilitic disease, will be found useful to the student in affording him valuable information in a condensed form, and to the practitioner, as illustrating the subtleties and varieties of the manifestations of syphilis, and how to deal with them after a practical fashion.

On leaving this book we must express our disapproval of the objectionable method in which it has been advertised—viz., by the distribution of post-cards, each reverse side having a printed notice of the book.

A BATCH OF REPORTS OF LUNATIC ASYLUMS.

ANYONE who has been in the habit of scanning the annual reports of county and other lunatic asylums must have been struck with the improvement which the pressure of public opinion has effected in the general state and management of public institutions devoted to the care and treatment of the insane poor during a very recent period. We are forcibly reminded of this by the receipt from time to time of the reports of various asylums, some of which are now before us. Not only are all the doings within their walls made more public—a fact which is a great defence for the poor inmates against injustice,—but the results of the better medical and moral care of the inmates are telling in a favourable direction, and the infection for good is spread to far-off places. For instance, the medical superintendent of the Hospital for the Insane at Halifax, Nova Scotia,* who had 326 patients under his care in 1871, states that the recoveries have been no less than 62·12 per cent. of admissions; that the steady and monotonous daily routine of hospital life has been relieved by constant enlivening entertainments, pleasant excursions, visits from friends, and the like, to the great comfort of the poor inmates—so much so, that the Lieutenant-Governor bears special testimony to the kind treatment of the patients, as do also the frequent communications made by the recovered patients.

Dr. Clouston † is enabled to report that in the Cumberland and Westmoreland Asylum in 1871, although the rate of mortality was unusually high for that institution (10 per cent.), yet the recoveries were 48¼ per cent., whilst the average for the whole kingdom is only 34 per cent. At the end of the year the number of patients chargeable to Cumberland and Westmoreland was 359, being an increase of 7 for the year. In the last three years this increase has been 17. The disproportion between the sexes among the patients admitted from the two counties, which has always been a peculiarity of the district, was present more strongly than usual the last year, three-fifths of them having been men and only two-fifths women (64 and 42). In most counties in England the insane women much exceed the men in number, even more than they do in the general population. Taking all the patients in county asylums in England at the beginning of the year there were 2300 more women than men. The mean age of the cases discharged recovered was only two years below that of the patients admitted, being 38¼ in the one case and 40¼ in the other. This shows that while the age of the patients does influence their prospects of recovery, yet that this influence is not so great as is commonly supposed. Six of the patients who recovered were only sixty, and one of them over seventy years of age. The period during which those who recovered had remained in the asylum was in 50 of the 63 cases under a year. They were nearly all discharged for a month on trial before being finally struck off the books. This is done chiefly as a test of recovery, and so that if there is a relapse or any tendency to it no time may be lost in again putting them under treatment, the trouble of getting a new order not being required; for, as Dr. Clouston adds, it is often quite impossible to tell if a patient is quite recovered until he is put among his usual surroundings, subjected to his ordinary temptations, and has to do his usual work. The ordinary means of recreation, amusement, and useful work were provided for the patients with the usual good results. There are on an average 300 patients usefully employed every day. In the asylum there is one evening in the week devoted to a public entertainment in the hall during the winter; in the summer, cricket and out-door games are available thrice a week in the evenings, and there are besides, pic-nics and out-door dances, and the patients have at all times bagatelle, draughts, dominoes, books, and newspapers in the wards.

In the Devon County Lunatic Asylum, the report of Dr. Symes Saunders * gives results not quite so good, but he has had a large number of cases under his care (704), and there have been unusually bad cases, yet the recoveries were in 1871, 37·3 per cent. for females, and 39·7 for males, the mortality being 10·6 on the daily average number resident, or 8·47 on the total patients under treatment. We notice one thing that should be at once remedied—viz., the overcrowding of the female division. The average weekly cost per head was 8*s.* 3½*d.*

In reference to the Somerset County Asylum,† we notice in the words of Dr. Carter Madden-Medlicott, the satisfactory statement that out of an average population of 595, "the proportion of recoveries (which are high) has been for the males 63·1, and for the females 85·7 per cent. on the admissions, the mortality being 10·8 per cent." It appears that until recently there existed a want of accommodation, and the Asylum committee advised that steps should be taken to remedy this; it now appears, however, that the city of Bath is to provide for its own lunatics, and this will relieve the asylum authorities from the necessity of building. It is stated that there are in the asylum a very large number of incurable cases of twenty years' standing, which might be equally well provided for in workhouses. This should be looked to. As in other institutions, we observe that in the one now under notice ample provision has been made for all kinds of amusement for the patients; moreover, it is gratifying to be able to add that useful work and profitable handicraft industry have formed a prominent feature in the management of the asylum. Patients have been taught trades, and have thus been enabled after leaving the asylum to earn wages at once. It is perfectly true that the double value hereby accruing to institutions is great, by facilitating industry and self-esteem, and drawing off the attention from delusions. Occupation is a great antidote to mental disease. Patients find in it an antidote to the painful anxiety of their lives, their frequently shattered bodily powers meantime regaining strength, and their mental condition insensibly healing.

There are three other annual reports before us, that of the Brookwood Asylum,‡ the Worcester Pauper Asylum§, and that of the Asylum for the County and Borough of Nottingham‖. Dr. Brushfield, in the first, gives us, amongst

* Fourteenth Annual Report, 1872.

† Tenth Annual Report of the Cumberland and Westmoreland Lunatic Asylum, 1871.

* Report for 1871. † Twenty-fourth Report, for the year 1861.

‡ Fifth Annual Report, 1871. § Sixteenth Report, 1871.

‖ Nineteenth Report, 1871.

other things, a capital report of the particulars of an outbreak of small-pox, which, by judicious forethought, was successfully prevented from becoming serious. He further reports that there has been no diminution in the employment of two-thirds of the patients in useful occupations, and that arrangements are in progress for increasing the facilities for their proper recreation, and particularly the erection of a commodious hall, with attached workshops and the like. He further makes some practical observations on the use of Australian meat, of which he approves. In the second above-named report, which deals with an asylum accommodating 760 patients, Dr. Sherlock explains the peculiar mode in which he classifies patients, the curable being mixed with the chronic cases of the class to which they most closely assimilate, and thus avoiding, as he thinks, their being in constant contact with antagonistic influences to the progress of their recovery. Dr. Sherlock expresses his opinion that the effects of strikes and increased competition have told upon those engaged in trades, who have furnished of late an increased number of lunatics. The death-rate of the asylum for the year was 12·8 per cent. Pathological observations seem to be fully and accurately made in the asylum. The commissioners notice the want of books, games, and means of amusements in the wards of the Nottingham institution. This is a defect that should certainly be remedied.

THE PROPAGATION OF CHOLERA.

PROFESSOR ROLLESTON, in a communication addressed to THE LANCET in September last,* cautioned the profession and the public against too strict an adherence to the theory that cholera is *invariably* propagated by means of drinking-water. He adduced a remarkable instance in proof of the view that cholera may be contracted not only when the quality of the water is above all suspicion, but even when there has been no direct communication with infected localities. The attention of Mr. Cornish, F.R.C.S., Sanitary Commissioner for Madras, having been directed to this communication, he was good enough to forward us a paper towards the close of last year on the subject, which, owing to its length and the pressure on our columns, we were at that time unable to insert. The subject being one of interest at the present time, we make no apology for placing the more important portions of Mr. Cornish's excellent communjcation before our readers. It will be seen that Mr. Cornish questions the facts of the incident alluded to by Professor Rolleston, which he considers will not bear the interpretation that has been put upon them. Like Professor Rolleston, Mr. Cornish is a firm believer in the view that cholera miasm may reach the human body either by articles of food or by the air of infected localities, as well as by means of drinking-water, although the latter, it may be, is the more ordinary channel of diffusion of the special contagion.

The following is Professor Rolleston's statement:—

"Before railroads had come into use in India, troops in passing from Bangalore to Madras were always obliged to halt for some hours in a certain valley, and always with the consequence of an outbreak of cholera amongst them. This route was consequently used as little as possible; but Sir Patrick Grant was compelled by circumstances to send troops by it at a time when Dr. Snow's theory and the facts upon which it was based had exclusive possession of the public mind. Filled with the hope that, by acting upon this view of the genesis of cholera, his troops might be enabled to pass through that valley of the shadow of death unscathed, Sir Patrick issued orders for the prevention of any and all soldiers from entering any native houses in the valley and from drinking any of the water of the district; and to make the execution of these orders the easier, the troops took with them an abundant supply of water from healthy districts. In spite of all these precautions, the encampment in this valley cost 80 out of the 400 men who entered it their lives from cholera. This history speaks for itself."

There can be little doubt that allusion is here made to the march of the left wing of the 43rd Light Infantry from Bangalore to Madras in March, 1857, as no other European corps suffered seriously from cholera on that route while Sir Patrick Grant was Commander-in-Chief in Madras. Mr. Cornish, after having perused the medical officer's official report of the occurrences on that march, states that it does not bear out the view either that pure water only was used by the troops, or that the men had been isolated from the cholera-stricken villages on the road. Dr. Madden, now Surgeon-Major 4th Regiment, was the medical officer who accompanied the wing of the regiment on the march, while Deputy Inspector-General Dr. A. Barclay, the surgeon of the 43rd, remained with the head-quarters and greater part of the regiment at Bangalore. Mr. Cornish continues:—

"The facts recorded show that the 43rd halted for about thirty hours on ground where a cholera-stricken regiment had been but a short time before, and close to a village where there was cholera (but the existence of which disease was denied by native officials); that the medical officer complained of the halting days as giving occasion for the troops to straggle and have access to native bazaars and native drinks; that intercourse between some of the men of the regiment and the affected village was certain; and, in regard to water-supply, it is not very likely that men who could get arrack or toddy from the native villages would refuse to quench their thirst with village water. That the men drank no water but what was carried from above the ghauts is so highly improbable that it is scarcely worth while to discuss the question; but even admitting that the most scrupulous care had been exercised in carrying water down, it would still require to be shown that the water came from a source where it could not possibly have been contaminated. As cholera was at the time epidemic over a considerable portion of the Mysore table-land as well as in the villages below the ghaut, it would be quite impossible for anyone, without actual examination, to vouch for the purity of a supply obtained from such a tainted country. Professor Rolleston's illustration, therefore, will not, I fear, help us in any way to show that cholera may be propagated in spite of the isolation of travellers, or of their using the purest of water.

"I have shown that there was no isolation from affected places, and I think it may be pretty generally conceded that the evidence does not establish the statement that there was an abundant water-supply taken from healthy districts, or that no other water was used during the march.

"So many wild statements get abroad, doing duty for facts, that I have felt it my duty, bearing in mind the high repute of all concerned in this particular statement, to adduce reasons why no scientific weight can be attached to it."

Dr. Barclay, moreover, fully corroborates the preceding statements in a communication to Mr. Cornish. Dr. Barclay says:—

"No orders were received from Sir Patrick Grant or from anyone else as to the carriage of drinking-water from districts known to be healthy for use in others believed to be infected, nor were any means whatever provided for the carriage of water in addition to those sanctioned by regulation.

"On the march of the 43rd cholera was first heard of above the ghaut, and a double march was made to get away from the infected locality. Unfortunately, I think, a halt was made at the foot of the ghaut, and there the disease broke out. The three men first attacked had left camp without leave, and gone to a native village in search of drink, which I believe they obtained.

"This outbreak, so far from affording any grounds for disbelieving Snow's hypothesis, appears to me to tell in an opposite direction. About the same time an officer of the Madras Army, Captain S——n, with his family, in all four persons, came up from Madras to Bangalore by transit. The weather was hot, and they suffered much from thirst. Some water was got from the roadside, but so bad was it that the mother-in-law, an old lady, begged of the others not to drink it. Thirst, however, prevailed, and all, except the old lady, drank more or less of it mixed with brandy. On their arrival at Bangalore all except the old lady were attacked by cholera, and all, including Captain S——n, died. He, at all events, had no doubt as to the water having been the cause of this attack, and while suffering from the disease kept constantly calling out what a fool he had been to drink it."

* THE LANCET, Sept. 2nd, p. 339.

THE LANCET.

LONDON: SATURDAY, MAY 11, 1872.

NOTWITHSTANDING a good deal of sharp criticism from the Duke of RICHMOND, the Government Licensing Bill has been suffered to pass the second reading in the House of Lords, where, however, it will probably be greatly modified in committee. In the meanwhile it is also being regarded from various points of view by different sections of the public, and a discussion is thus being carried on which cannot fail to be generally instructive, and to prepare the way for effectual legislation by and by. People are beginning to discover that some evils are fairly attributable to a faulty licensing system, and would be diminished, in all probability, by reform; while others, of a kind liable at first sight to be confounded with the former, have their roots below licensing, in the depths of human nature.

An unexpected fact that has come to the surface during the controversy is that publicans are the most determined enemies and opponents of drunkenness. We are assured that they regard this vice with a horror in no way second to the horror of teetotallers or Permissive Bill people—from whom, indeed, they only differ in the opinion they have formed with regard to the best means of repressing the evil. Teetotallers would diminish drunkenness by enjoining abstinence from alcohol, and by placing more or fewer impediments in the way of those who would procure it. Publicans would diminish drunkenness by enjoining moderation, and by affording such facilities for being drunk that no adventurous person should be tempted into the offence by reason of the difficulty of committing it. Now to some, and especially to persons of nocturnal, albeit temperate habits, the saying that publicans are opposed to drunkenness will be at first a hard one. Those who have seen a village alehouse vomit forth its nightly congregation of reeling topers, and have followed any of these worthies on their devious paths towards home—who have heard the stillness of a summer night broken by their ribaldry and blasphemy, or by the cries indicative of the mild means by which they maintain order and discipline in their families,—such persons might be inclined to maintain that the average publican is to some extent even a favourer and promoter of the vice which he is now said so strenuously to condemn. The difficulty is only apparent, and will be found, like many others, to hinge rather upon words than things. It is simply a matter of definition. A learned judge once said that a man was not drunk so long as he could lie on the ground without holding; and the publican knows nothing of drunkenness save in connexion with what police constables might call "incapability." To reel and stagger a little, to use foul language to decent people with whom one comes into accidental collision, to squander the earnings that should support a family in comfort, and gently to punch the head of the partner of one's joys and cares—to do all this when under the influence of drugged beer is not to be drunk, but to be only "a little fresh." To be drunk is to be utterly prostrate and fallen—an example, a possible warning, to others travelling upon the same downward road. The publican naturally abhors drunkenness, but only as it is understood by himself. He thrives upon "freshness," and so long as this is the case we fear his hostility to the major offence will be only of small practical value to the community.

In *The Times* of Wednesday there is a letter from Mr. HOMER, treasurer to the Licensed Victuallers' Protection Society, in which he calls attention to the unrestricted sale of wines and spirits by grocers; and argues that this affords facilities for secret and solitary drinking, which, with an amusingly unconscious pathos, he calls "the worst of all vices." With great deference to Mr. HOMER's official knowledge of the habits of the intemperate, and with great deference also to the high authorities whom he quotes, we cannot entirely assent to his argument. We are in no way surprised to learn that some grocers will supply to wives or servants intoxicating drinks, and will charge them as groceries in the bill that is to be shown to the husband or the master. The common practices of the trade in many other respects are so nefarious that they may well obliterate all distinctions between right and wrong, and prepare those who follow them to do anything by which they can make money. But the remedy for the offence would be to make it so dangerous that the game should not be worth the candle. Six months' hard labour, and the forfeiture of the wine-licence, would be the proper remedy; and convictions would not be difficult to obtain. The sale by grocers has the distinct advantage that it tends to promote family instead of public-house consumption; that it furnishes, indeed, the house for sale "not to be drunk on the premises" which we have recently advocated. As for the secret and solitary drunkard, we do not think that "facilities" greatly promote, as difficulties certainly do not greatly hinder, the practice of his vice. Those disposed to it would seek alcohol where it was to be found; and even if there were no wine or spirit selling grocer next door, we venture to think they would find an equally accommodating publican within some moderate range of distance. Of course it may be true that it is easier for a woman to go to a shop where the ostensible trade is one that she may legitimately encourage; and that in this way temptation is placed in her path. But life is made up of temptations, and is little more than a school in which to learn to resist them. We cannot disarrange society and modify legislation in futile attempts to preserve the weak from the consequences of their weakness, and to hinder fools from walking according to their folly.

WE have great reason to fear lest in regard to the treatment of tubercular disease we act too much on the motto of "Rest and be thankful." This motto is a dangerous one either for politicians or physicians. But it is not the less seductive on that account. The treatment of phthisis has so strikingly improved, and the results are so much more satisfactory than they once were, that we are apt to think that no more remains to be done. One physician after another tells us that in this, its commonest form,

tubercle is ever so much more amenable to treatment than it used to be. We are apt, indeed, to speak as if the very idea of curing consumption on the part of physicians dated from the introduction of cod-liver oil. It may check our boasting to remember that the idea of curing consumption is very much older. To go no further back than the beginning of this century, Dr. BEDDOES confidently thought he cured phthisis with digitalis. "Were I to affirm," he said, "that it cures three out of five cases of consumption, I think I should keep within the limits of the truth." Nobody now believes that digitalis will cure consumption; but we ought to remember that the idea of curing this disease was not unknown among writers fifty years ago. Not only so; the curability of the disease was suggested to physicians not so much by the action of medicine and observations on the living as by the post-mortem examinations of pathologists, who observed in persons that had died of other maladies the dried remains of deposits and the scars of contracted cavities in the lungs. Dr. JAMES HENRY BENNET, in the late edition of his book on Pulmonary Consumption, tells us that in 1840 he wrote a paper on the Curability of Consumption, based on observations made in the dead-room of the Salpétrière—a large asylum hospital devoted chiefly to aged and infirm women. In many of these women who had died of other diseases, in advanced life, he found large cretaceous deposits and puckered cartilaginous cicatrices—proofs of long previous phthisical disease, which had undergone spontaneous cure, in spite of what we must now regard as a bad kind of treatment. We are all familiar with the published observations of Dr. HUGHES BENNETT on this subject, which more than anything else have in this country familiarised medical men with the idea of phthisis being cured or arrested. He concluded that the spontaneous arrestment of tubercle in its early stage occurred in the proportion of from one-third to one-half of all the individuals who die after the age of forty; and he quotes the observation of ROGER and BOUDET, made at the Salpétrière and Bicêtre Hospitals of Paris, amongst individuals above the age of seventy years, as showing the proportion in such persons to be respectively one-half and four-fifths.

These observations, it will be seen, refer to a period when cod-liver oil had not come into such use as to be a factor in the case. Dr. HUGHES BENNETT'S monograph on Cod-liver Oil—based chiefly on what he had seen of the use of the oil in scrofulous and tuberculous diseases in Germany—it is true was written thirty years ago (in 1841). But it clearly could have nothing to do with the healed cicatrices noticed by Dr. HENRY BENNET in 1840 and the French physicians under whom he studied, and it could have very little more to do with the same post-mortem appearances noted by Dr. HUGHES BENNETT and commented on by him with so much force and effect in 1845.

We should be sorry to seem to say a word in disparagement of the present treatment of phthisis as set forth by all authoritative writers at the present day. Our present object is rather to indicate what we have gained by it, and, secondly, to point out some respects in which it is unpractical. Clearly, then, from what we have said, we must not attribute all arrest of tubercular disease to treatment, which we have been rather apt to do; for such arrest occurred frequently in a large proportion of the population dying after forty before cod-liver oil was used. But it is equally beyond doubt that the present treatment of phthisis is beneficial. The life of phthisical patients is lengthened and a virtual cure is obtained in a larger number of cases than formerly. We must accept the evidence of plain facts on this point, whether the clinical records of such practitioners as Dr. WILLIAMS and Dr. HENRY BENNET, or the obvious effects of treatment witnessed by practitioners daily in increasing appetite, weight, and strength, and in diminishing cough, perspirations, expectoration, and waste.

There is one element of treatment much urged by all the specialists on this subject which, to repeat our own word, is unpractical. We mean the climatic element. We have no doubt as to the value of climate as either positively beneficial or as enabling the patient to live more continuously in the open air, which, after all, is the most powerful antiphthisical influence, excepting perhaps good food. But the prescription of another climate to the bulk of patients is merely the prescription of the impracticable. We want, then, to know more of the possibility of curing phthisis under the conditions of our own fickle and somewhat rough climate. Dr. HENRY BENNET'S experience of phthisis, as controlled by all the comfortable conditions of life in the Riviera, is very striking; but it is only tantalising to people that cannot betake themselves to Mentone, but must stay in England. Dr. WILLIAMS'S large experience of the quadrupled life of phthisical patients now as compared with former times is liable to the same criticism—that it applies for the most part to comfortable people, so comfortable that they could give up work and reside abroad for one or more winters. A remedy like this is simply no remedy to the majority of people. Hence we urge upon physicians dissatisfaction with themselves till they have shown the profession how to control phthisis at home. It is surprising to what an extent this is really done already, as may be witnessed in the out-patient practice of our hospitals and dispensaries, and in patients living in anything but hygienic conditions. Doubtless good air, good food, cold sponging, not too much exercise or activity, sleep, and all strengthening things, habits and conditions, *plus* cod-liver oil, are, as Dr. HENRY BENNET says, the principal curative agents. But we are sorely in need of means of getting such influences to bear upon the mass of patients; and it is still a desideratum in medicine to know how best to treat phthisis successfully among the not rich. Clearly they are often the subjects of arrested phthisis. What we want is to define more exactly the way in which cases of such arrest may be multiplied.

WE are indebted to Mr. GOSCHEN for the first attempt "to give the public as clear an idea as possible of the actual physical condition of the great multitude of paupers." In 1865–66, and again in 1868–69, some imperfect returns were obtained of the number of sick in workhouses; and it then came out that not more than 4 per cent. of male inmates, and not more than 10 per cent. of females, were

really able-bodied, the larger proportion of the latter being exclusively due to the presence of single women waiting to be confined. But it remained for the late President of the Poor-law Board to obtain returns by which, for the first time, we are enabled to fully appreciate the amount and kind of sickness among paupers generally. These returns have been most laboriously arranged by Dr. EDWARD SMITH; and although they are by no means as perfect as those presented by the naval and military departments of the Government, they are enough to indicate the necessity of a registration of pauper diseases, and the exceedingly valuable information such registration would afford. As might be expected, there have been several difficulties in the way of obtaining the information. Pauper disease is not in all cases very clearly marked; and such ill-defined terms as "debility," "old age," "general infirmity," are much too freely used in the medical returns. This source of objection and difficulty is no doubt partly due to the laxity which has been allowed to prevail in the compiling of medical reports; and Dr. SMITH has been compelled to classify the diseases under such general heads as seemed most likely to correspond with the entries in the medical officers' relief-books.

In the first place, out of nearly 1,000,000 paupers in the receipt of relief on the same day, 153,245 were under the care of the medical officer—that is, 15·34 per cent. The proportion of in-door sick was 29·5 per cent.; that of the out-door sick, 12·7 per cent. In Rutland, Nottingham, Carnarvon, and Montgomery shires more than 40 per cent. of the workhouse inmates are labouring under such an amount of sickness as to be under the doctor's care. In Hunts and Radnor the proportion was only 12 and 13 per cent. respectively. The proportion of out-door sick to the total number of out-door paupers also varies greatly. It was under 5 per cent. in Pembroke and Cardigan; and it is less throughout Wales than in England. The proportion was under 10 per cent. in the northern counties and in Cornwall. It is in the agricultural counties, where wages are low and food insufficient, that sickness forms the closest relation with pauperism. More than one-fifth of the out-door paupers in Berkshire, Rutland, and Oxfordshire are actually sick; and the proportion is only a trifle less in Essex, Sussex, Worcester, Suffolk, Wilts, and Dorset; whilst the percentage is 7·6 in Durham, 7·7 in Northumberland, 8·6 in Cumberland, and 9·5 in Westmoreland and Yorkshire—in all of which the wages are good and the food sufficient. The inference is clear. In Wales able-bodied persons are relieved out of the workhouse; whilst excess of sickness is associated with a low physical condition generally. It is alone in the well-paid and well-fed districts that the labourer and his family enjoy good health and independence.

Having regard to the relative proportion of males to females in the population generally, there is very little disparity in the number of male and female sick. There are more males than females in the country workhouses, and more females in those of London and the larger towns. Amongst the out-door sick, females exhibit an excess of 11·2 per cent. Dr. SMITH observes that the liability of labouring men to accident and disease is probably counterbalanced by the anxiety, privation, and other causes of disease in women. We think the matter more easily explained by the higher proportion of males who obtain medical assistance by joining Friendly Societies; in fact, the wife of the labourer has no other resource than the parish doctor.

The proportion of sick paupers increases by about one per cent. for every year up to sixty years of age. But, for purposes of analysis, the returns have been divided into four great periods—viz., childhood, up to nine years; youth, to sixteen years; mature life, to forty; declining life, to sixty; and old age, the indefinite age beyond. 42 per cent. of the inmates of workhouses are over sixty years of age; the number is greater in counties where the labourers are badly paid and ill-fed: 33·3 per cent. belong to the period of decline; and the proportion of sickness in mature life is inversely as the number of aged. There are but few sick inmates of workhouses belonging to the period of youth, the proportion being only 1·8 per cent. The number of sick children varies from 2·2 to 14·2 per cent., the highest being in agricultural counties. Amongst the out-door sick there is a much greater amount of sickness in childhood, the average being 16·9 per cent. In Yorkshire there are only 4·8 per cent. of children; whilst in Middlesex and Surrey every fourth pauper patient is a child. In Wales it would seem that the doctor is rarely called in to the children at all, as only 3·8 per cent. of the patients are children. With very little variation, half of the pauper patients are between sixteen and sixty years of age. These proportions do not correspond with the number of persons living at these periods; but exactly the reverse. Both sexes are clearly more able to keep off the parish and also out of the hands of the parish doctor during the mature period of life. The majority of aged in-door sick are males, being in the proportion of 45 males to 40 females. In declining life the males to females are as 21·9 to 19·4. In mature life there is a larger proportion of females—viz., 26·2 as against 20·6 per cent. Amongst the out-door poor the proportions in old age are reversed; but in mature life the percentage of females remains the highest.

In considering these facts it is necessary to bear in mind that they refer to a selected population. As to sex, for example: there are more men (and therefore more sick men) than women in workhouses; and this because old men are more helpless and less useful as domestics than old women. So also the preponderating number of young females in workhouses is due to their lesser capacity of earning their living, and to the immense number of unmarried women admitted on account of pregnancy. There are more sick males in childhood and old age because there are more in the community generally; but the special excess of sickness amongst females in the prime of life can only be accounted for by the sickness incidental to childbearing and to their peculiar organisation. It is possible, however, that a proper registration of disease would show that this excess of pauper sickness amongst women would be counterbalanced by the number of sick males who are relieved by their club doctors and at the public hospitals.

The nature of pauper sickness must be deferred to a future article.

Medical Annotations.

"Ne quid nimis."

THE DISCUSSION ON PYÆMIA AT THE PATHOLOGICAL SOCIETY.

THE announcement that Dr. Sanderson would open a discussion upon the general question of Pyæmia, especially as regards its mode of origin, brought together on Tuesday, at the meeting of the Pathological Society, a larger number of members and visitors than we remember to have seen at any previous meeting. This was only what might have been expected considering the interest which attaches itself to such a fatal and unhappily common disease as pyæmia, from the management of which no practitioner is exempt—a disease, too, which inspires universal uneasiness from the insidious manner in which it may develop from apparently the most trivial causes, and under circumstances that oftentimes give no definite warning of its approach. Dr. Sanderson expressed a wish to lay before the Society certain experimental results of his search after the nature and origin of the actual pyæmic poison. In connexion with Dr. Klein he had made a series of experiments with the injection of morbid fluids into the body. Choosing the peritoneum as the anatomical ground for the observations, inasmuch as the anatomy of the part was well known, and especially as the relation of the lymphatics to the tissues had been carefully made out, Dr. Sanderson stated that three degrees of inflammation had been set up by the injection of fluids into the cavity, as regards the extent and intensity of the local changes and of the related constitutional disturbance. In discovering the explanation of the several sets of phenomena, it appeared that, beginning with a single inflammatory liquid which was comparatively mild in its irritative action, Drs. Sanderson and Klein found that it was possible by a definite process to alter the character of the liquid injection used so as to intensify its morbific qualities at will. The method of cultivation, so to speak, was to excite ordinary inflammation by putting laudable pus into the peritoneal cavity of an animal, and then injecting the peritoneal fluid into a second animal, and on removing the fluid from the peritoneum of this animal, after allowing it to remain in the body for two days or so, it was found to have acquired toxic properties. The fluid possessed of these virulent qualities always contained bacteria; in fact, the presence of these organisms appeared to Dr. Sanderson to be the test of the toxic nature of the fluid. The fluid referred to was shown to be capable of inducing true pyæmia, and one of Dr. Sanderson's objects in ventilating the matter was to seek the assistance of observers in deciding whether in man the fluids formed in connexion with pyæmia contain bacteria. Dr. Sanderson further stated his belief that there was a close analogy between pyæmia and tuberculosis, but that the former was an acute affair, and the latter one more gradually produced. These statements were illustrated by the exhibition of a living animal into whose peritoneum six drops of the toxic fluid had been injected at half-past three o'clock in the afternoon, and which was then in a state of complete collapse, the intestinal tract and the peritoneum exhibiting the morbid appearances seen in pyæmia, *quoad* the abdomen, on the animal being killed later in the evening.

The communication gave rise to a good deal of discussion, but without actually at the time, as it seems to us, throwing any more satisfactory light upon the nature of pyæmia. Of course Dr. Sanderson's statements referred to experimental facts, and it is for clinical observation to make use of them. But the discussion was interesting in giving greater prominence to the distinction to be drawn between septicæmia and pyæmia, Mr. Hulke having pointed out that the effects of the injection of pus, *pur et simple*, were often slight, whereas that of putrescent fluids was followed by septicæmia and fatal results, an opinion in which Dr. Sanderson fully agreed. Further, it drew from Dr. Sanderson, in reply to Mr. Spencer Wells, who argued that the pyæmic poison was of the nature of a chemical product, the remark that diffusion experiments had shown that the active poison of pyæmia was not diffusible, and therefore not a crystalline substance. The question of the actual *origin* of bacteria, referred to by Dr. Bastian, was held by Dr. Sanderson to be not specially involved in the particular point he brought forward, the fact of their presence in the blood and secondary abscesses being a matter yet to be established as a universal occurrence. With reference to the spontaneous origin of pyæmia without appreciable lesion, as in typhus and catarrh, noticed by Dr. Murchison and Dr. Anstie respectively, Dr. Sanderson offered no suggestion; and, in replying, he affirmed that all inflammatory products are infective to a certain extent, and that there are gradations leading up from minor changes to those of the intensest pyæmia; tuberculosis occupying a sort of mid-position in the series of infective phenomena. Now, although the members left the meeting with perhaps no greatly increased accuracy in their ideas of pyæmia, or with additions to their knowledge which will enable them to combat the disease more successfully, it cannot be questioned that Dr. Sanderson's suggestive communication will concentrate the attention of good observers to specific points which must be carefully investigated before any real advance can be made in generalising with regard to the exact origin of the disease in man. It will also stimulate inquirers to the pursuit of original investigation touching the general subject of infective inflammation, to which modern science attaches a daily wider significance. The Society may be congratulated upon the success of its first essay in devoting special evenings to the discussion of particular pathological topics.

DR. PETTIGREW ON CIRCULATION.

DR. PETTIGREW will add to his already considerable reputation by his lecture delivered before the Edinburgh College of Surgeons on Friday, the 3rd inst., on the "Physiology of the Circulation in Plants, in the Lower Animals, and in Man." Starting from the thesis that the circulation in plants and animals may be regarded as so many links capable of being combined into a chain which in its ultimate and perfect form represents the circulation as found in the higher mammalia and in man himself, he proceeded to show that plants and the lowest forms of animals have neither vessels nor hearts for propelling the nutrient juices; that in animals somewhat higher in organisation vessels appear which are capable of contracting and expanding so as to force their contents in a given direction; that, higher still in the scale, the vessels are provided with a single heart—a single pulsatile cavity; and that these hearts or cavities increase to two in the fish, to three in the serpent, and to four in the bird and mammal. Concurrently with this differentiation or increase in the heart-cavities, there appear valves, sluices, or floodgates, which determine the course of the blood by causing it to flow in certain directions, "just as sluices can be made to let water out but prevent any from getting in." Whenever and wherever circulation exists, its object is to give to and take from the tissues—to build up and to demolish; this "giving to" and "taking from" necessitating two or more currents running in directions diametrically opposite. In plants and in the

lower animals the currents are interrupted or disjointed; while in the higher animals they are united so as to form a circle, the heart being situated on one part of the circle, the lungs on another, and the tissues to be nourished on a third. A tree, in fact, and an animal consist essentially of a mass of currents running in opposite directions, the interior of both tree and animal displaying a wonderful amount of activity—"never suspected by those who simply look at the surface of things." The circulation and its propelling force are studiously concealed; the tree invested in its bark and the animal in its skin being in some senses a sealed book. Dr. Pettigrew then gave a history of the circulation from Hippocrates to Harvey; and showed that, while very many facts as to the circulation were made out anterior to the latter, still it required Harvey's master-mind to grasp and explain the circulation in its totality, as it is at present received. To illustrate the currents flowing in opposite directions, he showed that a plant grows upwards into the air and downwards into the earth and outwards by branches and roots; to which end the currents and vessels engaged in the building-up of the plant must necessarily travel in two or more directions—in the directions, indeed, in which growth is proceeding. Animals also increase in an upward, downward, and lateral direction. The lecturer concluded with a demonstration that the parts of a plant are so arranged that its vital forces are made to act in the same direction as certain physical forces—those of endosmose and exosmose,—forces which are major factors in the circulation of plants and in the capillary circulation of animals. Numerous diagrams contributed to illustrate the exposition; and at its close the lecturer sat down amid loud applause, having still further strengthened his title to the praise of being "the most distinguished disciple of Goodsir."

A NAVAL COURT-MARTIAL.

THE recent dismissal of an assistant-surgeon of the Navy by sentence of court-martial is an unusual occurrence we are happy to say, and one which requires a brief notice at our hands. Ready as we always are to support the medical profession in the public services, it would obviously be most mistaken kindness to them to appear to antagonise in any way the recognised discipline of either army or navy in order to assist a professional brother who has transgressed the rules of the service, since thereby we should simply damage our profession in the eyes of all thinking men. The facts of the case are sufficiently simple. Mr. M'Calman, an assistant-surgeon of some two years' standing, was serving on full pay in H.M.S. *Pembroke*, when he received orders to join the gun-boat *Swallow*, about to sail to the West Indies. Mr. M'Calman is unfortunately a sufferer from sea-sickness, and also from the heat of a tropical climate; and, fearing to face the ordeal of a trip to the West Indies, was desirous of throwing up his commission rather than undertake the duty. Not unnaturally, however, the Director-General declined to receive his resignation under the circumstances, for if an officer is to be permitted to choose his station, and to resign if appointed to an unpopular one, the public service must necessarily suffer. Without, however, ascertaining that his resignation had really been accepted by the Admiralty, Mr. M'Calman took his departure for Liverpool, and remained there until the *Swallow* had sailed with another assistant-surgeon temporarily appointed to her. He then returned to Portsmouth, and on proceeding to the flagship was, as a matter of course, put under arrest, being practically a deserter from one of Her Majesty's ships. He then expressed his regret for having disobeyed orders, and was most mercifully dealt with, we think, in being offered the opportunity of condoning his offence by taking a passage to the West Indies in the *Tamar*—an offer which was at once embraced with thankfulness. Subsequently, however, Mr. M'Calman changed his mind, and refused to serve; and there was, consequently, no course open to the authorities but to try him by court-martial. The result has been dismissal from the service; but the sentence might have been much more severe, and we think Mr. M'Calman may congratulate himself on being let off so easily. This dismissal, it is true, debars him from again serving the Queen in any other capacity; but the ordinary walks of the profession are still open to Mr. M'Calman, who will, we trust, learn wisdom by experience, and yet prove himself a worthy member of the profession.

SANDFORD LASHER.

THE melancholy accident at Sandford Lasher, by which Mr. Dasent lost his life, has not only called forth on every hand expressions of sympathy with those who personally mourn the loss they have sustained, but it has called forth also, like other calamities of a similar kind, much wisdom after the event with regard to the avoidance of like danger for the future. With one of the cautions thus given, and with one only, we fully concur. It has been stated that Mr. Dasent had formerly suffered from some affection of the spine, that traces of this were still remaining, and that he was thus physically disqualified for battling with the currents into which he was drawn. We cannot too strongly express the opinion that no man should ever knowingly enter, except as a matter of duty and peremptory obligation, into a contest for which he is unfit; and any residual disorder of the spine should hold back the boldest from attempting violent muscular exertion while sustaining the shock of suddenly lowered external temperature. But we cannot concur with those who would prohibit bathing in dangerous places, or who would call in the aid of the Thames Conservancy to remove the danger. We would let the danger be known, and its nature be understood, and then we would encourage all who were fit to do so to brave and to overcome it. England has not been made what she is by the elimination of danger from the pursuits of her youth; and it is better to pay the heavy toll of a few men of promise, lost at their very prime, than to abate one jot of the manliness and the hardihood of our people.

BRITISH HOSPITALS AT FOREIGN PORTS.

IT appears that yellow fever has been lately prevalent at Pernambuco, and that more than seventy British seamen have been attacked during the last few weeks. There is a small English hospital at this port which is very well officered and very badly nursed. On the other hand it is reported that the Brazilian hospital is a well-constructed building, that the nursing in it is excellent, but that there is no resident officer, and the attendance of the visiting physicians and surgeons is uncertain and unsatisfactory. Hence it would appear that an amalgamation must produce good results. But we are told that British sailors object to medical treatment in foreign hospitals, and hence British hospitals have been erected at several ports in Russia and Turkey, and British ships that enter are taxed for their maintenance. This may succeed very well at a large port, as, for example, Constantinople, which is visited by some thousands of British vessels annually, but it appears to us impossible to maintain an institution and a medical staff for our own people at every seaport in foreign countries, unless both could be connected in some sort of way with the consular establishments. Anyhow, we take it that the dislike entertained by our own sailors to foreign hospitals seems in most cases unreasonable. The converse does not obtain

here, for it is a fact (flattering perhaps to ourselves) that the only institution specially established for foreigners in London is the German Hospital at Dalston, and that no public building in the kingdom contains so cosmopolitan a class of inmates as the *Dreadnought* Seamen's Hospital at Greenwich.

THE METROPOLITAN WATER-SUPPLY.

DR. FRANKLAND'S report on the quality of the London water-supply during the month of April is very unfavourable as regards most of the companies drawing from the Thames. On April 4th the water sent out by the Lambeth Company is said to have been turbid; that of the Southwark and Grand Junction Companies slightly so; while there were "moving organisms" in the water of the Southwark Company, and "moving organisms and fungoid growths" in that of the Chelsea and Lambeth Companies. One of the Thames Companies, the West Middlesex, stood alone in supplying efficiently filtered water at the above date, the simple reason alleged for this exception being the possession of adequate storage, reservoirs, and filter-beds. Major Bolton, the Board of Trade Water Examiner, reports that, owing to the floods towards the end of March, the Thames was in such a condition as to require the greatest attention on the part of the companies, and that, while the flood lasted, many of the filters were frequently choked and had to be continually and rapidly cleansed. Major Bolton adds that the Thames Companies, with the exception of the West Middlesex, from their limited reservoir capacity, cannot avoid taking in supplies during the prevalence of floods. Of course we are told that works are in progress for remedying this defect; but the question is, why were they not completed long ago, and why has the Board of Trade so long suffered the West Middlesex Company to be the only one having the means at its command to supply properly filtered water during the flood season? The Water Act of 1852 has surely been as binding upon the Lambeth and Southwark Companies as upon the West Middlesex.

DEATH AFTER CHLORAL AND OPIUM.

THE *Islington Gazette* of May 3rd reports the particulars of an inquest touching the death of a gentleman who had been drinking, and taken first one draught containing twenty grains of chloral and twenty minims of tincture of opium, and, not sleeping, shortly after another of the same composition. When his wife awoke, her husband looked strange. She lifted his head and he died. The deceased seems to have been in the habit of taking a similar draught for the purpose of producing sleep. They were supplied to him by Dr. Cheetham, of Canonbury, who, of course, intended them to be used singly. The interval between the two draughts was only a few minutes, and five hours elapsed before death occurred. Practically, therefore, the deceased took forty grains of chloral and forty minims of tincture of opium. At the post-mortem, made by Dr. Cribb, nothing very remarkable was found to explain death. The body was pale, and livid about the mouth and eyes. The head was healthy, and the ventricles empty. The heart was overlaid with fat, and the right ventricle was thin; the ventricles were empty; the right auricle was full of fluid blood. The liver was large. He attributed death to the double dose of the narcotic draught paralysing the heart. But the deputy coroner, Dr. Hardwicke, informed the jury that medical men as yet knew little of chloral, and that drink weakened the heart. Under this advice the jury declared as their verdict "that the deceased died from fatty degeneration of the heart, accelerated by habits of drinking; and, further, that death resulted from natural causes." This verdict is certainly a sublime ignoring of the double dose of chloral and opium taken stupidly by the unfortunate gentleman, and of the opinion of Dr. Cribb. The case suggests to us to question the right of a medical coroner to lead a jury so entirely away from the medical facts of an inquiry, and from the medical opinion expressed by an intelligent practitioner, who had given much attention to the case. Medical men will not so lightly dismiss the fact that a man who was given to drink, and who was sleepless, fell into sleep, and died in five hours from the time of taking forty grains of chloral and forty minims of tincture of opium. It is scarcely conceivable that forty minims of opium alone could have so seriously affected a man in the habit of drinking. It would seem either that the two scruples of chloral, or this *plus* the forty minims of opium, produced the fatal coma. The case is a very important one, and we agree with the *Islington Gazette* that the verdict is a "singular one."

DEEP-SEA DREDGING.

PROFESSOR AGASSIZ (*Nature*, May 2nd) is continuing his deep-sea dredgings in Southern waters. Dating from Rio, he states that the weather had not been favourable; but on one favourable day he discovered a living Pecten, very similar in appearance to a fossil formerly known as Pecten paradoxus, found in Germany, and which he had been inclined to regard as a distinct genus, on account of certain peculiarities which are not shared by any living shells at present known. Although of very small dimensions, being scarcely two-thirds of an inch in diameter, it is yet a specimen of very great significance. The second discovery was that of a very remarkable Crustacean, and is in part the realisation of the expectation of "finding genera reminding us of some Amphipoda, and Isopoda aping still more closely the Trilobites than Serolis." A specimen answering fully to this statement was taken in forty-five fathoms, and at first sight seemed like an ordinary isopod, with a broad short flat body. This, however, is not referable to any of the orders or families of Milne Edwards or Dana; and, for reasons adduced, it has very striking relations to the trilobites, and is, indeed, like them, one of those types combining the structural features of several independent groups. It resembles the trilobites in the fact that the head is distinct from the thoracic regions; and the large facetted eyes, and the facial suture across the cheeks, connect it so closely that but for the presence of antennæ, which project from the lower side of the anterior margin of the buckler, the resemblance would amount to an absolute identity in structure with trilobites. The character of the mouth is also that of the trilobite; whilst the antennæ cause its reference to the Isopoda. For this new genus the name of Tomocaris Peircei has been proposed.

HORACE MAYHEW.

Quippe benignus erat! must have escaped the lips of many a mourner who saw interred on Tuesday last in Kensal-green the mortal part of this gentle, benevolent, and open-handed humourist. Horace Mayhew, as all the world knows, was honourably identified with *Punch* from its commencement, and was, besides, a favourite contributor to the lighter contemporary literature. But, as all the world does not know, he was one of the most genial and generous philanthropists of his time. His love of humanity and his ready largess knew no distinctions of class, descending even to the—

> "Ambubaiarum collegia, pharmacopolæ,
> Mendici, mimæ, balatrones, hoc genus omne,"

of the Horatian Tigellius. He was an active supporter of medical charities, and was known to a wide circle of the profession as one to whom no case of real distress could

ever be submitted without evoking the desired relief. So many of these enjoyed his bounty that at his funeral might have been observed not a few aged and infirm pensioners who had come to pay a last tribute of respect and gratitude to their old benefactor. "You are Colonel Newcome!" was the compliment once paid to him in a familiar hour by Thackeray. His fine, manly figure, his strikingly handsome face, the *cognita canities* of his flowing locks, will long be missed in places of charitable resort in London, while the charm of his presence, with its many conversational and vocal attractions, will not soon be forgotten at club and social gathering by literary and artistic survivors,

"Et quantum est hominum venustiorum."

THE LONDON HOSPITAL SCANDAL.

WE print elsewhere a letter from Mr. Maunder, which, even without regard to its inordinate length and its excessive feebleness, cannot fail to produce a most painful feeling in the profession. It was necessary for us, last week, to relate in brief outline the events that had led up to the climax on which we felt bound to comment. Mr. Maunder thereupon seeks to hark back to Mr. Rivington, and to bring his operation again into court. The question about Mr. Rivington is done with, having been settled by the authorities of the hospital; and it is the question about Mr. Maunder himself with which we have to deal.

Mr. Maunder appears to labour under the impression that his conduct to his colleague was only wrong in form, and not in essence. We think it was so utterly wrong in essence as well as in form that we cannot conceive the possibility of urging for it even the shadow of any justification or excuse. The senior surgeon to the hospital was present at the operation, and he not only saw nothing to condemn, but, by his public and emphatic testimony in Mr. Rivington's favour before the Quarterly Court, he obtained from that body a decision in conformity with the justice of the case. What Mr. Maunder says about it being his "duty" as next in seniority, we simply do not understand. If any individual had a duty in the matter it was Mr. Hutchinson; and where he saw no duty, Mr. Maunder's conscience might have been at rest. But we should equally have condemned Mr. Hutchinson if he had pursued Mr. Maunder's course. No action against a colleague should ever be taken excepting by a clear majority of the staff as a body, in words carefully weighed and agreed to, and after the accused has had every possible opportunity for vindication or excuse.

WORKHOUSE MEDICAL RELIEF BOOKS.

THE Poor-law auditors have of late been more than usually strict in reporting the defective manner in which the medical relief books have been kept by the medical officers of workhouses, and severe remarks have been made on the practice of reporting persons as "infirm" by reason of age for the purpose of ordering them beer, butter, tobacco, and other extras, the remark of this auditor being "that the medical relief book is intended as a register of sickness only."

We venture to think that medical officers are not wholly to blame in this matter. We have repeatedly drawn attention to the unsatisfactory forms now in use in workhouses, and to the necessity of separating the order for extras for aged people not sick, and for pauper helpers, from the returns of sickness. The fact is, the forms now in use were settled years ago by a Poor-law Board utterly ignorant of hospital administration. They are so cumbrous that entries cannot be made at the bedside; they involve an amount of clerical labour which often consumes as much time as prescribing for the patients; and, notwithstanding, they afford no sufficient check on the accounts, because the initials of the medical officer are not attached to the order for dietaries and extras at the time they are given, but are filled up afterwards.

Mr. Stansfeld would confer a real boon on workhouse medical officers if he would order an investigation into this subject, and both in the army and the navy he would find forms which, with certain modifications, would be more convenient to the medical officers, and provide a much better check on the accounts. For reasons of State economy, the administration of rewards to pauper nurses and of luxuries to aged paupers requires to be very closely watched; and whilst it is desirable that the medical officer should have a voice, he ought not to be required to make them allowances in the name of sickness, nor to be responsible for the keeping of the books.

MEDICAL CORONERS AND MEDICAL MEN.

MEDICAL MEN will not easily be convinced that any man is so fit to guide juries in investigating the causes of death in doubtful cases as a member of their own profession; but medical coroners occasionally seem to use their place to disparage and injure medical witnesses. In another article we allude to the action of Dr. Hardwicke in overruling the medical evidence, to the astonishment of the spectators and to our astonishment. Dr. Lankester, too, has been delivering his usual homily on the duties of medical men to analyse the contents of the stomach in a case of suspected poisoning. In this case the deceased was a Swede, living in Holborn, and had taken a quantity of patent pills. The coroner said he had no fund out of which to pay ten guineas for an analysis, and ordered the surgeon to take the pills and on the adjournment tell the jury what they contained. If we were ordered so by even a medical coroner, we should follow the advice of the illustrious Dr. Graves, and decline the duty. Two guineas is a small enough fee for making a post-mortem and giving evidence. And it should not be the part of a medical coroner to put new and unreasonable duties on medical men.

PROFESSOR DOLBEAU.

THE course of lectures of this professor is proceeding without interruption; but it should be noticed that every student on entering must present his matriculation card and sign a special register. Of course this measure reduces the audience to but a few hearers. The *Gazette Médicale* of April 27th observes that M. Dolbeau was wrong in putting his case before a committee composed of laymen, and considers he should have been judged by his professional brethren. The editor, however, allows that M. Dolbeau may be excused for having protested against an order of exit on which figured his forced signature, as, in troublous times, when severe punishment follows so rapidly upon the slightest irregularity, it is very dangerous to take even an indirect share in an offence. Still the writer contends that a hospital surgeon should confine himself strictly to matters connected with the patients' health.

MORTALITY AT SEA.

THE usual annual return of deaths on board merchant ships at sea has just been published, and is as carefully compiled by Mr. Mayo, Registrar-General of Seamen, as circumstances permit. The classification, which was, we believe, drawn up by Dr. Dickson, R.N., for the use of the department, is eminently simple, but the results are not equally satisfactory. We have at sundry times and in divers manners been favoured with glimpses into the in-

teriors of official log-books, and as to matters medical it is marvellous how Mr. Mayo manages to classify causes of death at all. It is plain, indeed, that the nautical mind has not yet been educated to the proper contemplation of this question, and we take leave to suggest the desirability of appending some sort of code of instructions on this head to the next edition of the authorised Medical Guide. The total number of deaths at sea during the year 1871 was 4338, of which 557 are classed as being caused by fever, 113 by diseases of the brain and nervous system, 126 by heart diseases, 196 by diseases of the lungs, 244 by diseases of the abdominal organs, 18 urinary, 11 skin and cellular tissue, 5 rheumatism and gout, 10 scurvy, 61 other diseases, 49 natural causes, 2755 accidental deaths, 10 murder and homicide, 21 suicide, and 162 unknown causes. It will be seen that "natural," "other," and "unknown," causes constitute more than 5 per cent. of the total number, the first being a ridiculous, and the last two very unsatisfactory items of classification.

THE MASTER AND SERVANTS (WAGES) BILL AND MEDICAL APPOINTMENTS.

WE are very glad to be able to announce that the Select Committee, to which the Master and Servants (Wages) Bill was referred, have resolved in favour of such changes in the Bill as will allow deductions for the purpose of making provision for medical attendance. Some security will, rightly enough, be given against unpopular appointments. We are sure the Committee, in acting thus upon not only our views but those of the Truck Commissioners, are taking a very wise course, and one not less important for the welfare of the wage-receiving class than for medical men. It is to be hoped that we shall hear no more in the course of this Bill through Parliament of attempts to include medical appointments in the truck system. In the face of the recommendations of the Commissioners and of a Select Committee, opposition could scarcely succeed. But it may be attempted, and there should be no abatement in the efforts of those who wish to see the sanction of law continued to arrangements so wise and necessary as those by which the men connected with mines and factories and their families are attended.

MEDICAL SOCIETY OF LONDON.

THE annual oration and conversazione took place on Monday at the rooms of the Architectural Society, Conduit-street. The orator, Mr. F. J. Gant, took for his subject, "Modern Surgery as a Science and an Art." He dwelt especially upon the dignity and exactness as a science which modern surgery had attained, the conservative tendency which its devotees exhibited, and the promise which it held out of a brilliant future. It was natural that he should express a wish that the Medical Society might soon enter upon its second 100 years of existence, with as much success in the cultivation of medical science and professional brotherhood as it had exhibited in the first.

THE MIDDLESEX HOSPITAL.

THE governors of this institution have founded two scholarships, of the annual value of £30 and £20 respectively, tenable for two years, in memory of Mr. F. Broderip. The scholarships will be open to competition amongst the general students of the hospital, and awarded at the end of each winter session. Candidates must have completed their third year of study. The successful candidates will be required to attend and work in the hospital for a fourth year, during which time they will be eligible for the various resident appointments. Also two entrance scholarships, of the value of £25 and £20 respectively, will be offered for competition at the commencement of the winter session 1872-73. Each scholarship is tenable for two years, provided the scholar conducts himself satisfactorily.

We understand that it is the intention of the governors of the Middlesex Hospital to close the institution during the month of August, that the drains and water-supply, about which there has lately been considerable complaint, may be thoroughly examined and all defects made good. The patients suffering from cancer, who are specially cared for at this hospital, will not be discharged, but will be removed to some convenient place—probably to the seaside, and will have the same attention and care as before, a medical officer accompanying them.

ABUSE OF HOSPITALS.

THE Charity Organisation Society have had their attention drawn to the vicious system of admitting patients to hospitals by the votes of the subscribers, and a statement was laid before the council on Monday last concerning the Royal Hospital for Incurables at Putney, which it is to be hoped will lead to some reform. It would seem that there are 8000 voters, and that the benefits of the institution are not obtained by the most helpless, but by those who happen to have the largest number of wealthy and influential friends. This hospital has repeatedly claimed to be the hospital of hospitals, because it proposed to admit the rejected of the general hospitals; but, whatever the intention, it is frustrated by this vicious mode of election. Consider for a moment the pain, anxiety, and even expense incurred in the canvass of 8000 voters, and the suspense which hangs over an applicant sometimes for years. It is a species of refined cruelty difficult to realise, and it is curious that it should be perpetrated in the name of charity. The selection of patients should be left to a small committee, assisted by the medical staff.

AN EQUIVALENT TO £1000 A YEAR.

IT is fine to have an advantage, though a negative one, equal to a thousand a year. One of the St. Pancras Guardians says that he would not be an officer in the service of the St. Pancras Board for a thousand a year. We agree with Mr. Salter, and shall congratulate ourselves on not being servants of that curious set of masters as on a freedom worth that large sum. The last exhibition of their torturing faculty was to abuse Mr. Hill for making two post-mortem examinations in obedience to the order of the coroner, which could only be disregarded at the cost of a fine of £5. Mr. Hill seems to have given the guardians some undertaking that he would not make post-mortem examinations. If he really did so adapt himself to the St. Pancras Board, we cannot pity him so much as we otherwise should feel disposed to do.

JUSTICE TO IRELAND.

IT is well known that young Irishmen come forward in large numbers to contend at the various competitive examinations for employment under Government, and it is but fair to add that they are pretty successful. What they may do under a system of "Home Rule" we may leave until the advent of that apparently distant time; but go where you will Irishmen are to be found occupying posts, in this country and abroad, under the Imperial Government. This is eminently the case in the Army Medical Department at the present time. Of some 630 men that have entered that service since the introduction of the competitive system of examination in 1857, Ireland is the birthplace of more than half, less than one-sixth come from

Scotland, and about one-third from England, the remainder from abroad and the colonies, two only being Welshmen. There was a time when the Scotch element was understood to predominate in the military medical service, and as young Scotchmen are generally supposed to possess a keen desire to "get on in life," we may fairly infer that they no longer regard that service as one in which they are likely to do so. Grey-headed peripatetic juniors, grumbling as they go through life, are not the best advertisers of its advantages.

"HOSPITAL SUNDAY" FOR LONDON.

WE commend to the notice of all who are interested in this movement the letter of Mr. F. W. Lowndes, of Liverpool, which we print elsewhere. To the exertions of this gentleman is in great measure due the institution of "Hospital Sunday" in Liverpool; and the remarkable success which has attended its accomplishment there lends weight to the support he now gives us in strongly recommending, as we have done, that a trial should be made in London. Those hospital representatives who met two years ago at King's College to consider this matter may possibly have grown wiser since then; and we trust that what is related by our correspondent as to the increased liberality towards the medical charities of Liverpool which "Hospital Sunday" has evoked, may lead them to have a larger faith in the generosity of their fellow-citizens than they had in 1870. There is one point that should be borne in mind—namely, that if anything is to be done this year no time should be lost in settling a plan of action. To wait until the summer is advanced in equivalent to sacrificing another year, and we hope this will not be the case.

THOROUGH DISINFECTION.

RECENT experience has proved the insufficiency of the ordinary process of disinfecting dwelling-rooms without at the same time stripping off the paper and washing the walls and painted surfaces with caustic soda. In Manchester, nearly all the men engaged in this duty have had fever or infectious disease, although the houses previous to their visits had been disinfected by chlorine, carbolic acid, &c. It is believed that contagious matter is retained in the paper, particularly when a number of layers have accumulated on the walls. In some cases the men removed as many as fifteen coats of paper, and they describe a fusty odour which of itself may possibly give rise to fever. We would recall to our readers the case of the Knightsbridge barracks, where the accumulation of successive layers of size and paper formed a nidus for thousands of maggots. We must not, therefore, be satisfied with mere cleaning, whitewashing and repainting, but insist also on the cleansing and scouring of the walls. It is satisfactory to find that the recurrence of fever in the same houses in Manchester has greatly diminished since the introduction of this thorough mode of cleansing.

DUBLIN CONVALESCENT HOSPITAL.

THE Corporation of Dublin have been talking for some time about the propriety of establishing a convalescent hospital in the suburbs of the city, and are now provided with full powers to do so. The scheme, however, for some undiscoverable reasons, still hangs fire. Small-pox is rife, and typhus is said to be endemic. We recommend the authorities to act on the principles enunciated in an article on the subject of the 20th ult., spend no more money on urban establishments, but build a plain building in a pure atmosphere, and draft their patients off from the old hospitals as soon as they can be moved with safety.

THE ARMY MEDICAL SERVICE.

THE rumoured retirement of some of the seniors in this service must, we fancy, have caused quite a flutter among the full-fledged occupants of the upper boughs of the departmental tree. We wish that those in that position were put to flight before advancing senility gave indications of their having to "hop the twig" in another sense. Two, if not three, inspectors will, it is believed, take their departure, causing a general move in the department, which will make a very great difference to those at the top who shed their title of "deputy" or "surgeon-major" in taking this upward step, and a very little one to those at the bottom of the list, who will shed nothing—unless it be a tear of disappointment at the slowness of promotion. Procrastination is a thief of other things besides time, and Mr. Cardwell's timorous tinkering with reorganisation robs many an assistant-surgeon of his peace of mind. The present is an excellent opportunity for that reorganisation of the whole medical service which has been the talk of military clubs for years past, but which promises to be left as a legacy to a Conservative or Coalition Ministry.

THE DIAGNOSIS OF FEVER.

WE cannot impress too strongly upon those medical men whose duty it is to give certificates of admission to the fever hospitals, the necessity of exercising great care in forming their diagnosis. It is not satisfactory to find that people having nothing at all the matter with them have been sent to a fever hospital. Surely a little ordinary care would enable a medical officer to distinguish periostitis and pyæmia from typhoid fever; and there is now a patient in one of the fever hospitals in whom the whole of the right side of the chest is dull, and who has no single symptom of infectious fever. It is no light matter to expose a sick person to the infection of a fever ambulance and to association with fever patients. Medical officers are bound to satisfy themselves of the existence of fever not depending on a local cause before doing so, and they should not be deterred from making a sufficient examination by the difficulties which so often surround the investigation in the dark, dirty, and confined rooms of the poor.

REMOVAL OF CHRIST'S HOSPITAL.

WE are happy to announce that the Governors of Christ's Hospital have received the noble offer of an estate of 300 acres on which to erect their school in the event of their removal from Newgate-street. The ground is in immediate contiguity to Wellington College, and is most admirably adapted to the purpose. This offer will no doubt facilitate the arrangements for the sale of the present site to the Mid-London Railway; indeed, the governors would incur a very serious responsibility in longer opposing this wholesome change.

It is to be hoped that the opportunity of removal will be seized for doing away with the petticoats and yellow stockings; otherwise the country people may suppose that they have imported a new species of variegated biped. The excuse of the dress affording protection in the streets of London will be gone, and it need not be observed that the costume is quite unsuitable for football and other country games.

QUARANTINE AND SMALL-POX.

THE quarantine regulations at European ports are, according to British commercial ideas, more stringent and more vexatious than ever. All vessels that arrive at Dunkirk have now to be provided with clean bills of health from

their last ports of departure, or they are placed in quarantine for at least three days. At many other places the same rule obtains, and great grumblings are the consequence. But it must be recollected that those interested in ships and their freights are mainly responsible for these complications to commerce. They have in most instances persistently resisted all measures proposed for the prevention of diseases afloat, and have so completely ignored the existence of a clause in the Merchant Shipping Act relating to the medical inspection of seamen that, as a natural result, our coasting as well as many of our foreign-going vessels are becoming saturated with small-pox, and the authorities at foreign ports are very naturally afraid of us, inasmuch as they know that free-trade in dirt and disease is still peculiar to the merchant navy of this country.

SEA-WATER IN LONDON.

IT only needs, we think, a little energy on the part of the caterers for London wants to bring to a successful issue the project first started in our columns of placing the metropolis in possession of such a supply of sea-water as would be sufficient for the regular bathing of as many Londoners as may wish to avail themselves of this most salutary practice. If the sea-water was once brought to town—and this seems to be an easy matter from an engineering point of view—the demand for it would, we believe, be much larger than is generally supposed; and in place of a solitary floating bath here and there to which persons could gain access for an occasional plunge, in process of time no part of the metropolis would be without its small salt-water lake. We do not despair of seeing the Serpentine supplied with sea-water. In addition to the mere luxury which the sea in London would secure to the inhabitants, we are inclined to believe that certain hygienic benefits would result from the passage of the sea-water into the sewers, if that should ever reach a considerable amount.

AN AMATEUR BONE-SETTER AT FAULT.

SUCH is the heading which the *Durham Chronicle* gives to the account of an inquest touching the death of a leather-cutter at Seaham Harbour, who, being the worse for liquor, fell and sustained a compound fracture. Not content with the regular treatment of Dr. Gibbon, he insisted on having "Curry, the bone-setter, at Seaton Colliery," who removed splints and bandages and applied tight bandages, Dr. Gibbon of course declining co-attendance. Under the auspices of the bone-setter, erysipelas and other ills set in, and the man died despite the efforts of Mr. Thomas Carlisle Beatty, who was called in after the bone-setter. The coroner wisely remarked that it was strange that people should prefer an amateur to a medical gentleman. The poor leather-cutter must be regarded as one of the "noble army of martyrs" the most of whom have yet to die before the colliers of Seaton will understand that a doctor who studies the human frame is likely to know more than a man who has had no chance of studying it. The jury found that "deceased came by his death by means of a fractured leg, and improper treatment from the hands of an amateur bone-setter."

INFANT LIFE PROTECTION BILL.

THIS Bill has been reprinted as amended in Committee, and it is presumably now in a state to pass. The only alteration of any account that we notice is the omission in Clause 7 of the words "no such infant shall be buried without the production of a certificate under the hand of the said coroner authorising such burial." This provision was contained in the Bill of last session, and its omission now may perhaps be accounted for on the assumption that, as an amendment of the law of death-registration is promised by the Government, the medical certification of causes of death will thereby be made in all cases an indispensable preliminary to burial.

ST. PANCRAS WORKHOUSE AGAIN.

WE may soon expect to hear again of the St. Pancras Workhouse. The guardians having resolved to dismiss three nurses and to leave the night nursing to the paupers, Mr. Chandler told them plainly that the salary of a night nurse was not worthy of notice as against the public scandal which would ensue. Will the Local Government Board interfere in the interests of the scores of infirm and bed-ridden inmates who so continually require assistance in the night? or will they be remitted once more to the drunkenness, cruelty, and robbery of paupers?

PRINCE BISMARK.

THE German Empire is about to lose the services of its Chancellor for a period of months. We have authority for stating that the nervous exhaustion due to anxiety and overwork has resulted in insomnia of such persistency that retirement from official duty is imperatively required.

THE EMPRESS EUGENIE.

WE have much pleasure in announcing that the convalescence of Her Majesty the Empress of the French proceeds satisfactorily. The inflammatory symptoms have disappeared; but, in order to ensure the return of the parotid gland to its normal size, Her Majesty has not yet exposed herself to the outer air.

M. THIERS.

M. THIERS has been suffering from a recurrence of his attack of bronchitis. But, notwithstanding all the alarming accounts which have been published in various journals, there is nothing in the condition of his health to give cause for any apprehension.

COLONEL ANSON.

THE hon. and gallant colonel, who is still under the care of Sir William Gull and Mr. Manley Sims, is, we are glad to hear, rather better. The symptoms, though still critical, have, during the last forty-eight hours, shown some tendency to abate.

ON Tuesday Her Imperial Majesty the Empress of Germany, attended by the Countess of Schulenberg, Count Fürstenstein, Lord Torrington, and Sir William Jenner, paid a visit to St. Thomas's Hospital. After being received by the lay authorities and medical staff, her Majesty was conducted over the various wards, and on leaving expressed herself greatly pleased with her visit. On the previous day her Majesty had honoured the German Hospital, Dalston, with a visit, being conducted over the institution by the committee.

A BALL in aid of the funds of King's College Hospital was held at Williss Rooms, on Monday, the 6th instant, under the patronage of the Duke of Edinburgh, Prince Arthur, the Duke of Cambridge, and other distinguished personages. The evening was an entire success; more than 950 tickets were sold, and a considerable proportion of the proceeds will be presented to the hospital authorities. A very large meed of praise is due to two or three ladies and to the Secretary of the Ball Committee, through whose exertions this very satisfactory result was brought about.

IN returning a true bill against George Hurry for manslaughter, the grand jury made the following presentment: "The case of the Peculiar People, who ignore the application of medical science in cases of sickness, appears to call for attention on public grounds, as while the local authorities acting under the Acts of Parliament are bearing the expense of parochial medical officers, inspectors, and the use of disinfectants, the Peculiar People, even in cases of small-pox of a virulent kind, take no medical means either to stay the disease or to cure or mitigate the illness of the patient, and are, in fact, practising a doctrine dangerous to the community at large. It is hoped that, if necessary, the Legislature may consider and pass some remedy that will assist the local authorities in this matter." Subsequently the prisoner was found guilty, but was released upon his own recognisances to appear for judgment when called upon. We sincerely trust that the Peculiar People will take the lesson they have just received to heart.

A REMARKABLE instance of tolerance by the human system of the excessive use of tobacco is afforded in the case of Mr. Klaës, of Rotterdam. This gentleman, who was known as the "King of Smokers," has just died in his eightieth year, and is said to have consumed during his long life more than four tons of tobacco. The ruling passion was apparent in the will of the deceased, and in his eccentric request that his oak coffin might be lined with the cedar of his old cigar-boxes, and that a box of French caporal and a packet of old Dutch tobacco might be placed at its foot, and by the side of his body his favourite pipe, together with matches, flint and steel, and tinder.

THE Metropolitan Asylums Board resolved at the last meeting to ask for the loan of the *Dreadnought* for a further period of six months, with the view to the possible advent of an epidemic of cholera. The external aspect of the old ship is forlorn and melancholy in the extreme, but we are informed that the decks, now unoccupied, are in a very clean and satisfactory condition, and ready for occupation at any moment.

SEVERAL fatal cases of small-pox have occurred in Gloucester. The presence of the pest has awakened, as usual, the alarm of the authorities, who are bestirring themselves to ascertain particulars in respect of the way in which vaccination is carried out, and of the extent to which it is adopted in the city. As a result, parents have, in a few cases, been brought before the magistrates and fined for neglect of the provisions of the Vaccination Act.

THE White Sea and the Gulfs of Bothnia, Finland, and Riga, as well as the Baltic, are now tolerably clear of ice, so that free communication will be soon established between the northern ports of Europe and those of the United Kingdom. If cholera comes this year, it will probably, as heretofore, make its appearance from this quarter.

YELLOW fever is epidemic at Monte Video, and the Government of Buenos Ayres have in consequence instituted a system of rigorous quarantine, and have prohibited communication, even for correspondence.

IN Chesterfield, small-pox, which has been so prevalent for three months, is declining, and there are now very few cases in the town.

IT is rumoured that all the four blocks of buildings constituting Greenwich Hospital will be utilised by the Naval College and School of Architecture.

IN the House of Commons Mr. C. Fortescue, in reply to a question, stated that the Water Companies of the metropolis had complied with the requirements of the Metropolitan Water Act of last session by submitting regulations, on which they were agreed, to the Board of Trade and the Metropolitan authorities, but such regulations would require to be confirmed after inquiry by the Board of Trade, water authorities having the right to be heard at each inquiry. Mr. Gladstone, in reply to a question, said that the Public Health Bill would not be taken on the first Monday after the Whitsuntide holidays, the practice being to take supply on that day.

THE remains of a mastodon are said to have been recently discovered in a swamp near Otisville, Orange County, New York. The skeleton, which appears to have been found almost complete, measures 25 ft. long and 16 ft. high. The statement of our smart cousins, "that the contents of the stomach were also discovered, and found to consist of very large leaves and long blades of strange grass," should be received with due reserve.

THE eighty-third anniversary of the Royal Literary Fund was celebrated by a public banquet in St. James's Hall on Wednesday. The King of the Belgians presided, and acquitted himself with a grace and an ability in the English language which was of itself a literary feat worthy of being commemorated. The medical profession was (as usual on the occasion) numerously and influentially represented.

THE proprietor of the Medical Club will retire at Michaelmas next, and, in consequence, an Extraordinary General Meeting will be held at the Club on the 30th inst., at 4 P.M., when the course to be adopted for carrying on the institution in future will be considered and decided on. Since its establishment in 1866 it has been conducted as a proprietary Club.

A SHORT article on Scurvy, which appears in the *Nautical Magazine* for the current month, reviews succinctly the general history of the disease, as well as the causes of its practical extinction in the Royal and progressive decline in the merchant navy of this country.

WE understand that a few cases of cholera have appeared among the troops at Mhow; but there is reason to believe, considering the season and attending circumstances, that the occurrence will prove to be one of those local and limited outbreaks of cholera so common in India.

THE anniversary dinner of the University College Hospital was held on Thursday last at Willis's Rooms, under the presidency of H.R.H. Prince Arthur, K.G., when there was a large attendance of the supporters of the charity.

THE quarterly dinner of the Edinburgh University Club came off on Wednesday evening in the Gaiety Restaurant. The proceedings were of the usual harmonious and agreeable character.

AT the recent meeting of the Royal Institution Mr. Erichsen was nominated as one of the vice-presidents for the ensuing year.

THE distribution of prizes of the Faculty of Medicine, University College, will take place on Thursday, May, 16th; Sir William Jenner, Bart., M.D., K.C.B., in the chair.

DR. WILLIAM FARR, F.R.S., has been elected a foreign corresponding member of the Institute of France, in the place of the late Mr. Charles Babbage, F.R.S.

THE Indian papers announce that Inspector-General Mouat, V.C., C.B., of the British Medical Service, is on his way to this country from Bombay, in consequence of having passed a medical board. Deputy Inspector-General O'Flaherty, C.B., performs the duties of principal medical officer during Mr. Mouat's absence.

THE mortality in New York during the week ending the 13th of April was at the annual rate of 38 per 1000; the deaths from cerebro-spinal meningitis were 52 as compared with 31 in the week preceding.

THREE fatal cases of small-pox amongst the "Peculiar People" at Plumstead were registered last week; inquests were held in two of the cases, and verdicts of manslaughter were returned.

THE seventeenth festival of the Royal Medical Benevolent College takes place this day (Friday, 10th inst.) at Willis's Rooms, at half-past six o'clock.

METROPOLITAN ASYLUMS BOARD.

SMALL-POX in London is somewhat declining in the northern districts, but the hospital for the east at Homerton is quite full, and at Stockwell the admissions were 50 per cent. higher for the last fortnight as compared with the fortnight previously. It was resolved to tabulate the mortality of the epidemic in order to prove to the public the value of vaccination.

Mr. M'Cann, the medical officer of Stockwell Small-pox Hospital, presented a report of the year's work. It is a very valuable production, and the managers of provincial small-pox hospitals would do well to consult it. There is a general account of the structural and administrative arrangements, of which we have more than once spoken favourably, and an analysis of the forms of small-pox and the post-mortem appearances, together with remarks on treatment, follow. Mr. M'Cann has taken the trouble to investigate the localities from which the patients came, the result of which is to show that the poorest classes are the greatest sufferers, and that the greatest virulence was manifested in the over-crowded and ill-ventilated houses where there was a total neglect of sanitary precautions, as well as of vaccination and revaccination. In the better class of houses the domestic servants were the chief sufferers, and they generally took the disease when paying visits to their poorer friends.

An important statement was made by Mr. Charrington with respect to the admission to the fever hospital of patients labouring under other diseases. No less than ten such cases had been admitted during the last fortnight, and in seven the diagnosis was so obvious as to indicate some culpable want of care on the part of those who signed the certificates of admission. Drs. Stallard, Curtis, and Griffiths all spoke of the difficulties in forming a correct diagnosis in the houses of the poor, and they hoped that no very strong censures would be issued. It was finally arranged that a notice of any mistakes should in future be forwarded to the clerk of the board of guardians, and that the patients should be taken from the hospital as soon as they were fit to be removed.

The managers resolved to keep the *Dreadnought* until Michaelmas, 1873.

CONDURANGO.—Professors Braun, Hebra, Salzer, and Schroff, of Vienna, have been supplied with Condurango bark by Dr. Scherzer, with a view of undertaking experiments upon the same. It is to be supposed these gentlemen are aware that in London this bark was found useless.

Correspondence.

"Audi alteram partem."

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—In reference to your article in the publication of May 4th, I wish to make a few observations. During my recent sojourn in Devonshire, communications concerning certain transactions at the London Hospital were made to a contemporary. My colleagues, considering the interests of the hospital and school, were desirous to avoid a continued public controversy on the subject. A meeting of the staff was called on the 22nd of April, the very evening of my return to town. From this meeting I was absent; eleven members were present. It appeared to them, having some knowledge of both sides of the question, that the only basis of agreement could be mutual concession. The *method* of my procedure was condemned, and for this it was thought desirable that I should express regret. I did so and do so now. The concession required on the other side was, regret on the part of the gentleman concerned that his surgical conduct should have called for inquiry and a withdrawal of offensive imputations which he had cast upon me, and which were pronounced, without a dissentient voice, to be unfounded and absurd. Resolutions were drawn up to this effect, and one of my colleagues was requested to ask me to accept these terms and to waive my right of reply to the journal. I acceded. But for this my answer to the charges brought against me would have been sent to that week's paper. Mr. Rivington declined to conform, but, on the following Friday, April 26th, I found that another letter was published by him, in my opinion reiterating under another form these charges. A second meeting of the staff was held on that evening, fourteen members being present, including one of the consulting surgeons (a relative of Mr. Rivington) and myself. Again, the unfounded nature of the imputations was strongly condemned, without a dissentient voice, and the concession required of Mr. Rivington was modified by the introduction of the word "seemed." The chairman of the meeting (the senior physician) was requested to wait on Mr. Rivington with these written resolutions. The latter asked for time for consideration, and a third meeting was called for Friday, the 3rd instant, and it was understood that I should still refrain from writing to the journal. During the interval Mr. Rivington verbally agreed to sign the first part of the required concession. This he subsequently declined to do, and on my way to the meeting on the 3rd instant your paper was placed in my hands, in which, to my surprise and indignation, a surprise and indignation shared and expressed by the leading members of the staff, I found that proceedings which had been adopted by my colleagues with a view of preventing further correspondence, and by which I was precluded from stating my case, had been published. I leave your readers to form their own estimate of such conduct.

With respect to the two cases referred to, the details of the one given in which an operation was performed are very incomplete, and convey a totally wrong impression, but there is very important evidence available concerning it. With regard to the second case, you are right in stating that it was submitted to a private inquiry, but in error when you assert that it utterly broke down. The immediate occasion of this "private inquiry" was the second case to which you have referred. It was made by three members of the House Committee and three members of the staff (myself one), one also being Mr. Rivington's own relative, to consider this with other circumstances. It was agreed that two of the three members of the House Committee, as well as Mr. Rivington's relative, should strongly remonstrate with him. Surely a private inquiry in the presence of three influential members of the House Committee and two of the senior members of the staff, one of whom was a consulting officer and Mr. Rivington's relative, does not savour of unfairness! Indeed, I was only too glad to have this latter gentleman present, because he had always promoted the good reputation of the hospital and of the profession, and also because he and I had discussed

from time to time some of the circumstances above referred to. This was done entirely in Mr. Rivington's interest.

With respect to consulting all one's surgical colleagues in a matter of this kind (a principle of action I cordially accept), the reason why I did not can be stated here. One of the full surgeons (Mr. Couper), who felt it to be his duty to inform me of a certain unfortunate occurrence, had already discussed the matter with a senior colleague, who expressed himself in emphatic language concerning it (also with several junior colleagues). Under these circumstances, I being next in seniority, and ten days having elapsed before I heard of the affair at all, my duty appeared clear. I simply stated to the chairman of the House Committee what had reached me through Mr. Couper, and was confirmed a few hours after by another colleague. I mentioned the names of those said to have been present at the operation, and left the matter in his hands. Thus the circumstances had been considered by Mr. Rivington's immediate seniors, and I thought it wiser not to consult his junior colleagues, for reasons which will be obvious to most.

Much more could be stated concerning the circumstances above referred to, but it would tend so much to injure the school to which we belong that in its interest I am silent.

You say, "No possible extremity of unskilfulness or blundering could ever justify one colleague in appealing *first* to the lay governors against another; because to do so would be to bring the accused before a tribunal incompetent to form a judgment on the case." In reference to the first proposition, I must repeat that the occurrences which gave rise to this controversy were frequently and anxiously discussed by several members of the staff, although not at a formal meeting summoned for the purpose; I was therefore thoroughly informed of their opinion. With regard to the second proposition, it is difficult to contest the competency of the governors, and especially of the House Committee, whose duty it is to elect the staff and to watch over the interests of the patients and the public.

The question, whether or not the step I took was strictly in order, is secondary and accidental. The real points at issue are, whether the circumstances out of which this painful discussion sprung were of such a nature as to demand investigation by the lay and professional authorities of the hospital, and whether I stood *alone* in that opinion. The latter I have answered above; and that investigation was necessary is proved by the decision of the Court of Inquiry, which included among its members an ex-physician and one of the consulting surgeons of the hospital.

I am, Sir, &c.,

C. F. MAUNDER,

May 7th, 1872. Surgeon to the London Hospital.

"HOSPITAL SUNDAY" FOR LONDON.

To the Editor of THE LANCET.

SIR,—I regret very much to see that so much delay occurs in the formation of the above. One of our greatest difficulties here was the apathy and indifference displayed by the managers of the different medical charities, and I can truly say that the movement was eventually carried with little or no assistance on their part. This, of course, causes a great difficulty, for if they will not move in the matter who can be expected to do so? Either your hospitals and dispensaries require increased assistance or they do not. If they do not, why do I see so many urgent appeals in the columns of your daily contemporaries? If, as is much more probable, they do, what better scheme can be devised, properly advocated and carried out, than the scheme of "Hospital Sunday." Let me briefly enumerate some of the benefits which might be expected.

1. The Birmingham fund has, after thirteen years' experience, averaged £4000 a year at an annual expense of £100. The Manchester collections, after three years' trial, show an average of upwards of £5000; the expenses are, I believe, more, but still a very small percentage on the total. The two years' collections at Liverpool realised £13,000, at an expense of 4 per cent.; so that we may fairly reckon £6500 as the probable average, inasmuch as the first trial, in consequence of the difficulties I have mentioned, added to many others, fell short of what might have been expected. London is, I believe, at least five times as large as Liverpool, and proportionately much more wealthy. Looking at the matter, therefore, in a financial light, the delay occasioned in the institution of a similar movement is causing an annual loss to the London medical charities of probably £30,000 at least!

2. In Liverpool the largest collections were made in those churches and chapels where many of the congregation were, and still are, subscribers. In one church two notes of £100 each and one of £50 were handed in, and anyone who ventured to assert that the donors had withdrawn a single guinea from any charity would, I feel sure, soon find himself flatly contradicted. Moreover, an anonymous donor promised the treasurer £200, and afterwards made it £300; another sent £1 to each charity; while at all the churches and chapels the amounts raised, with scarcely an exception, were larger than on any ordinary or on any other special occasion.

3. The sight of clergy of the Established Church, priests of the Roman Catholic faith, Presbyterian ministers, Jewish rabbis, &c., all meeting together as a committee in perfect harmony in the cause of charity, is of itself, surely, sufficient to silence, if not to sweep away, petty jealousies that might exist between the managers of different institutions.

Possibly some of your readers may, like myself, have been present when the present Bishop of Winchester, then (1865) Bishop of Oxford, preached in St. Philip's church, Regent-street, on behalf of the Brompton Hospital for Consumption. They will remember the crowded congregation, the splendid appeal, the liberal response made on behalf of this one hospital. But let us imagine each cathedral, every church, every chapel, every place of worship filled with its own congregation listening to the appeal of its own minister, on behalf of the hundred and one unendowed medical charities of London; imagine the effect multiplied and heightened by all the advantages which London possesses, the co-operation and assistance of royalty, the presence of so many eminent and eloquent divines, and I think all must agree with me in saying, "Rather let us not imagine it, but unite and assist in bringing it about, so that we may see it as an actual and accomplished fact."

I am, Sir, yours faithfully,

Liverpool, May 4th, 1872. FRED. W. LOWNDES.

THE ROYAL ORTHOPÆDIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—Mr. Brodhurst says in a letter in your last number that he did not vote at the hospital meeting, as stated by Lord Abinger and Mr. Tamplin, but that Messrs. Tamplin and Adams did vote. I cannot allow such a statement to pass unchallenged, and I must therefore ask you to allow me to give both these assertions of Mr. Brodhurst the most emphatic denial.

I was present upon the occasion referred to, and saw Mr. Brodhurst at the Annual Court of the hospital hold up his hand *in favour* of receiving the report of the Committee of Management in its entirety, containing the obnoxious paragraphs which necessitated the resignation of Messrs. Tamplin and Adams.

I can also as positively state that neither Mr. Tamplin nor Mr. Adams, who both sat near me, voted upon that occasion.

Yours obediently,

The Limes, Slough, May 7th, 1872. THOMAS H. COOPER.

To the Editor of THE LANCET.

SIR,—I beg to inform you that circumstances have decided me to withdraw my name from the list of candidates for the surgeoncy of the Orthopædic Hospital.

Yours sincerely,

Margaret-street, May, 1872. HOLMES COOTE.

"THE NATIONAL HOSPITAL AGAIN."

To the Editor of THE LANCET.

SIR,—My attention has been called to the article in your edition of April 27th, headed "The National Hospital again." Will you permit me to observe that the writer seems to me to have missed the very point of the matter. The report in the *Telegraph* of April 24th states that the

hospital was founded in 1857, for the special treatment of epilepsy, paralysis, nervousness, &c., whereas it was founded in 1857 simply as a Dispensary or Hospital for Diseases of the Heart, and so continued until within the last few months when it assumed the title of "National Hospital, &c." I can prove that in 1857 no hospital in London existed for the special treatment of epilepsy, paralysis, and other diseases of the nervous system, for it was my privilege to introduce the subject to Alderman Wire, Lord Mayor of London in 1859, and he at a public meeting at the Mansion House, held November 2nd, established the National Hospital for the Paralysed and Epileptic opened a few months later in Queen-square, Bloomsbury, where for thirteen years it has continued its mission of mercy, constantly extending its sphere of usefulness until it now maintains, with the addition of the Convalescent Branch for Women at Finchley, 84 beds for the gratuitous treatment of both sexes, with every appliance of baths and electricity to co-operate with the physicians' skill. I believe this attempt of a small institution to usurp the very name and position of a more important hospital is perfectly unparalleled.

I have sent a plain statement of these facts to the president, vice-presidents, chairman, and treasurer of Newman-street Hospital, and it remains to be seen if men of rank and position will lend their names to this deception on the charitable public. It has been left to a weak woman, now labouring under severe illness, to come forward in this matter, but I feel assured of the sympathy of all true gentlemen and honest men.

I have the honour to remain, Sir, your obedient servant,

JOHANNA CHANDLER,
Hon. Sec. Ladies' Committee, National Hospital for Paralysis and Epilepsy, Queen-square, Bloomsbury.

Albany-street, May 2nd, 1872.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

FIFTY-TWO deaths from small-pox were registered in this city during last week; of these 20 actually occurred during that period, showing an increase of 1 from that of the preceding week. No deaths were returned from the South Dublin Union, and it is to be regretted that the deaths in public institutions in the city are not registered with greater regularity, especially during the prevalence of an epidemic. In Cork 10 deaths were registered, and 3 in Belfast. Dr. Speedy has lately addressed a communication to the Chairman of the North Dublin Union, in which he states that revaccination is the greatest preventive against small-pox. He has revaccinated 1400 persons during the last eight months; and among those not a single case of small-pox has occurred. I a large school containing 130 inmates, 8 pupils were attacked with variola; they were removed to hospital and the rest revaccinated; with four or five exceptions good vesicles resulted, and not a single fresh case of the disease took place. In a hospital also in this city, where there is a class of 65 pupils attending, all except 5 were revaccinated, and these 5 contracted small-pox. In Cork-street Fever Hospital there have been about 500 cases of small-pox, not one of whom had been revaccinated.

Although the mortality from small-pox has greatly decreased during the last few weeks in Belfast, yet I regret to say that fever has greatly extended; in one hospital alone in that town there were no less than 103 cases of this disease. That the typhoid form of fever is so prevalent is owing, I believe, principally to the well-known fact that the pipe-water-supply of that town is perfectly unfit for drinking purposes.

The last meeting of the Surgical Society for the session took place on the 19th ult. Mr. McDowell detailed a case of Strangulated Femoral Hernia which was reduced, but death occurred from perforation of the intestine a foot above the cæcum, and there was found also a cystic tumour growing from the sac of the hernia. Mr. Richardson showed the Lungs, Prostate, and Kidneys of a lunatic aged forty-six, who had cut off his penis and testicles with a carving-knife some time previously. Part of one lung and the prostate gland were infiltrated with pus, and fatty degeneration of the kidneys were present. Mr. Richardson considered he died of pyæmia.

The forty-seventh annual meeting of the friends of the Coombe Lying-in Hospital was held last week. The report read showed, among other matters, that Henry Roe, Esq., had contributed £100, James Brennan, Esq., a similar sum, and Alexander Findlater, Esq., £125, whilst an anonymous donor has given £500, and a bequest of £500 was left the institution by the late Mr. Bernard Mullins. During the year 342 labour cases were admitted and 53 chronic cases; 1209 labour cases were attended at their own homes, whilst 13,920 were attended at the dispensary attached to the hospital.

Dublin, April 30th, 1872.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE sanitary condition of Paris continues to be excellent. Cases of bronchitis, pneumonia, and pleurisy figure for the most part in the weekly returns of the municipal health bills. Jaundice has been very prevalent of late, and indeed there has been quite an epidemic of this disease since the beginning of winter. Cases of eruptive fevers are rare, only one case of small-pox having been reported in two months. In connexion with the subject of the medical constitution of Paris, I may just refer to a report of great interest read to the Medical Society of the Hospitals, on the sanitary condition of this city during the three last months. The author, M. Besnier, who has gathered his documents from all the hospitals of Paris, states that his protracted investigation of the question of medical constitutions leads him to assert that there exist benign and malign medical constitutions, the knowledge of which is important, both from a pathological and therapeutical point of view, as it establishes the necessity of introducing into prognostical data and into therapeutical speculations a factor which is always omitted—viz., the average of mortality at the time corresponding with observation and curative experiments. Alluding to the diseases which have marked the health aspects of Paris during the last quarter, M. Besnier especially draws attention to a peculiar kind of influenza coupled with pleurisy, which he calls "pleuritic influenza." Pseudo membranous affections, especially croup, prevailed during the same period of time. A case of great interest is one which the report mentions in connexion with puerperal fever, showing the contagiousness or communicability of this affection. It is that of a woman who, not being at all in the pregnant state and suffering only from some lesions of the uterus, was examined at the Lying-in Hospital by several of the medical attendants there during an epidemic of puerperal fever, and who, three or four days after, died from all the symptoms of puerperal infectious peritonitis: in this case there had been both contagion and infection.

There has been a great to-do in the Academy of Medicine, at its last two sittings, touching the proposed scheme of instituting a series of lectures on Hygiene at the Lyceums, which the Government had submitted to the approval of that learned body. The lectures are intended to include—atmospheric agents, modifications of air, climate, habitations, clothing, cleanliness, food, drinks, intellectual work, exercise, gymnastics, contagious and parasitical affections (with means for preventing or curing them), alcohol, tobacco, means of restoring the drowned (asphyxiated), &c.; in fact, almost a whole programme of hygiene, with which the young students would be made familiar just before leaving college, and before entering upon the serious business of life. It must not be forgotten that the pupils to whom these lectures would be delivered are from sixteen to eighteen years of age, and therefore have already received a protracted training and classical education. Some of the members of the Academy have, however, put in a protest on the ground that this teaching would produce no favourable results, and would not be properly comprehended by the students, &c. M. Larrey, among others, said that these hygienic lectures should include only such subjects as were strictly connected with the daily exercises of the scholars, thus singularly limiting the whole thing. These objections, and others of a similar kind, which one can scarcely understand, have had the ill-

effect of arresting the speedy conclusion of the question. The conclusions of the reporters, which are quite favourable to the Government scheme, have, however, now been voted, and the pupils of the various French colleges will henceforth receive a proper hygienic education before leaving the walls of their schools. The military gymnastics, which the Government had set on foot in the Lyceums as one of the consequences of the late war, commenced a few days ago, and the scholars all over France are now being familiarised with the use of the breech gun, the handling of the bayonet, military drilling and exercises, &c. This will be of much importance to them, as now that everybody is a soldier in France, and compelled to do military service for a certain number of years, all those who can give proof of having undergone proper military training may be excused from attending their regiments, and thus be enabled, without such interruption, to prepare themselves for a liberal profession.

At a recent general meeting of the French Medical Association, M. Tardieu was re-elected president. The two main features of the general sitting, besides the voting for the president, were two papers read by M. Guerrier and Dr. Jeannel; the former on some point of medical jurisprudence, and the latter "on the necessity of establishing the system of public competition, or *concours*, for all places, positions, and functions occupied by medical men in France." The first session of the French Association for the Advancement of Science will take place this summer in Lille, Bordeaux, or Lyons: which of the three is not quite decided.

A few days ago took place at Toulouse the ceremony of inaugurating the statue of the famous surgeon, Delpech, in the Salle des Hommes Illustres of that city. It will be remembered that M. Delpech was shot by a man named Demptos, who accused him of having revealed a secret with which he had been entrusted in his professional capacity. The ceremony was attended by the municipal authorities and all the learned corporations of Toulouse, and was very successful.

Paris, April 30th, 1872.

Obituary.

DR. THOMAS EDWARD BEATTY.

SELDOM have the professional ranks in Dublin sustained so severe a shock as when, on the early morning of the 3rd instant, this able, accomplished, and pleasant-mannered physician was carried to the rear. Dr. Thomas Edward Beatty was one of the few surviving specimens of the good old Dublin school. The son of a highly esteemed practitioner in that city, he was born (like Heinrich Heine) on the very first day of the century. He received his education in arts at Trinity College, where he graduated A.B. in 1818; while also carrying on his preliminary studies in medicine as an articled apprentice to the late Surgeon Todd, father of Dr. R. B. Todd of London. From Dublin he proceeded to Edinburgh, where he graduated M.D. in 1820. In the following year he obtained the licentiateship, and three years later the fellowship, of the Royal College of Surgeons, and shortly afterwards entered on practice in the Irish metropolis. His wide and accurate knowledge and his skill in diagnosis and treatment, combined with his winning manner by the bedside and in the sick-room, procured for him an extensive *clientèle*, which rose from year to year in influence and prestige, till latterly he ranked among the foremost consultants of his time. His specialty was obstetrics, a branch of the profession which owes much to his sagacity and versatility of resource. Honours and appointments showered upon him "thick as leaves in Vallombrosa." He was elected a member of the Royal Irish Academy, and of the Geological Society of Dublin; an honorary Fellow of the Obstetrical Society of Edinburgh; president of the Obstetrical and member of the Pathological Societies of Dublin; honorary Fellow of the Obstetrical Society of London; physician to the City of Dublin Hospital; professor of medical jurisprudence in the Royal College; and, more lately, lecturer on midwifery in one of the private schools. Dr. Beatty was professor for many years in the College school of midwifery; master of the South-eastern Lying-in-Hospital, of which he was the founder; president of the Royal College of Surgeons, and, a distinction never before conferred on the same individual, president of the Royal College of Physicians as well. Engaged in active professional work, whether in practice or research, he was not idle with his pen; and in 1830 he published in the Dublin Hospital Reports a paper "On Aneurism of the Abdominal Aorta," from which our subsequent knowledge of that affection may be said to date. Besides this, he communicated a variety of other articles scarcely less valuable to current medical literature, such as his "Contributions to Midwifery," a series of eleven papers in the *Dublin Quarterly Journal*; and his essays in the "Cyclopædia of Practical Medicine." From these sources, with the editorial aid of his accomplished friend Dr. Macnamara, he gleaned the papers of more permanent interest, and republished them, with a dedication to Dr. Stokes, in 1866, under the title of "Contributions to Medicine and Midwifery." In 1864 he received, *honoris causâ*, the degree of M.D. from his own University—a distinction which closed the list of his public or academic honours. In social circles the presence of "Tom Beatty" as he was fondly designated, was invariably welcome from the unflagging play of *bonhomie* and pleasantry that lighted up his genial face and enlivened his discursive talk. To his possession of these, as well as of more substantial gifts, he owes his place as the fashionable physician in one of the most brilliant works of the great Irish novelist (himself, by the way, an M.B. of Dublin), Charles James Lever. Few careers more happy in their tenor have fallen to the lot of professional men than that of Dr. Beatty; and, advanced in life as he was, a yet longer term of useful and congenial activity seemed open to him when, about the close of April, the extraction of a tooth caused inflammation of the cellular tissue extending from the left side of the neck to the sternum, followed by the formation of abscesses, and eventually by pyæmia. In spite of the constant attendance and skilful treatment of Drs. Stokes, Butcher, and Macnamara, he sank rapidly, and early on the morning of the 3rd inst. breathed his last in his seventy-second year. His death came with a severe shock to the inhabitants of Dublin, a city from which he was seldom or never absent, except during his brief intervals of holiday. So sudden, indeed, was the blow, that the day week before its incidence he had been all day in his carriage on active professional duty, and in the afternoon had taken a prominent part in the conference of the Irish medical bodies at present engaged in devising, for that division of the kingdom, a scheme of conjoint examinations. His funeral, which took place on Tuesday the 7th, bore ample testimony to the esteem and love in which he was held. He was accompanied to the grave in the following order:—The Students of the Dublin School; the representatives of the Irish Academy of Music; the friendly brothers of St. Patrick and of the Grand Lodge of Free and Accepted Masons of Ireland; the Obstetrical Society of Dublin; the Governor and Court of Apothecaries' Hall; the office-bearers of the Royal Irish Academy, College of Physicians, and College of Surgeons; the Presidents and Fellows of both Colleges attending in their robes; and, lastly, in 300 private carriages, the personal friends of the deceased. And so the earth closed over Dr. Thomas Edward Beatty, of whom there are many survivors to exclaim, *Ehen! quanto minus est cum reliquis versari quam tui meminisse!*

MR. WEEDEN COOKE.

Mr. WEEDEN COOKE, we regret to announce, died on the 7th instant, at his residence in Upper Berkeley-street, Portman-square. Mr. Cooke was in his fifty-seventh year, and a long course of professional usefulness, especially in connexion with the Cancer Hospital, seemed in store for him, when death, following on a few weeks' illness, put an end to his labours.

BOWYER VAUX, F.R.C.S.

ON Saturday, May 4th, Mr. Bowyer Vaux, formerly one of the surgeons of the General Hospital, Birmingham, died, aged ninety, at Teignmouth, South Devon, where he had resided for the last seventeen years. Within a few months of the resignation of his father, Jeremiah Vaux, who had

filled the office from the establishment of the institution, he was elected one of the honorary surgeons of the hospital, and resigned in 1843, having held the appointment for thirty-five years.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 2nd inst:—

Dundas, George Albert, L.R.C.P. Lond., St. George's-road.
Fosbroke, Geo. Haynes, L.S.A., Redditch, Worcestershire.
Baldock, Alfred, L.S.A., Upper Holloway.
Kingdon, Joseph, L.S.A., Croydon, Surrey.
Harris, John Delpratt, L.S.A., Exeter.
M'Cammon, James, M.D., Queen's College, Kingston, Canada.
Wall, Abiather, L.S.A., Bayswater.

The course of lectures will be resumed on Monday, the 3rd of June next, in the theatre of the College, at 4 o'clock P.M., by Professor Holmes, F.R.C.S., who will deliver six lectures "On the Surgical Treatment of Aneurism in its Various Forms." Dr. Humphry, F.R.S., Professor of Anatomy in the University of Cambridge, will afterwards give three lectures "On Human Myology," commencing on Wednesday, the 17th of June next, at 4 o'clock P.M.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd inst.:—

Delamotte, Peter William, Swanage, Dorset.
Jenkinson, Harold, Ramskell, Yorkshire.
Stickland, Samuel, Hawkhurst, Kent.

As Assistants in Compounding and Dispensing Medicines:—

Garratt, Arthur, Market-street, Guildford.
Richards, James Griffiths, Cramlin, Monmouthshire.

On the same day the following gentleman passed his First Professional Examination:—

Davies, John Hopkyn, Middlesex Hospital.

UNIVERSITY OF ST. ANDREWS.—The following gentlemen, having passed the prescribed examinations, obtained the degree of Doctor of Medicine on April 24th:—

Clarke, John J., M.R.C.S. Eng., Surg. Ind. Army, Edinburgh.
Finch, Thomas, M.R.C.S. Lond., Torquay.
Franklyn, Edw. J., F.R.C.S. Ed., Surg.-Maj. R.A., Woolwich.
Gibson, John H., M.R.C.S. Eng., L.S.A., Hull, Yorkshire.
Hebblethwaite, Jas. E., M.R.C.S. Eng., L.S.A., Bawtry, Yorkshire.
Mayer, John, F.R.C.S. Lond., Insp.-Gen. Ind. Army, London.
Perkins, Saml. S., M.R.C.S. Lond., L.A.C., Exeter, Devonshire.
Saunders, G., C.B., L.R.C.P. & S. Ed., Dep. Insp. Hosp. H.M. Army, London.
Stretton, Wm. H., M.R.C.S. Eng., L.S.A., Beverley, Yorkshire.
Veale, T. S., M.R.C.S., L.S.A., Surg. Ind. Army, Epsom, Surrey.

UNIVERSITY OF ABERDEEN.—At the late medical graduation term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—

DEGREE OF M.D.

Clark, Thomas Edward, M.R.C.S., L.S.A., Clifton.
Pearson, T. R., M.R.C.S. Eng., L.R.C.P. Ed., Shotley-bridge, Durham.

At the same time the following gentlemen received promotion to the degree of M.D.:—

Anderson, Alexander Thomas, M.B., C.M., Wigan.
Blacklock, Arthur Woolsey, M.B., C.M., Brighton.
Blake, Edward Thomas, M.B., Reigate.
Catto, Robert, M.B., C.M., Portsoy.
Gillies, John, M.B., Melksham, Wilts.
Hutchison, G. Wright, M.B., C.M., Belford Hospital, Fort William.
Lawrence, Alexander, M.B., C.M., County Asylum, Chester.
M'Rae, Alexander Edward, M.B., C.M., Fettercairn.
Morison, George, M.B., C.M., Huntly.
Munro, Alexander Begg, M.B., C.M., St. Helen's, Melrose.
Newth, Alfred Henry, M.B., Hayward's-heath, Sussex.
Rosser, Walter, M.B. Trinity College, Glenalmond.
Thomson, George, M.B., C.M., Oldham, Lancashire.
Thomson, John William, M.B., C.M., Brechin.
Timmins, John A. J., M.B., C.M., Wellington.
Waterworth, Edward Allan, M.B., Newport, Isle of Wight.
Williams, Albert, M.B., C.M., Sydenham, Surrey.
Willock, Richmond Cotts, M.B., C.M., Aberdeen.

DEGREE OF M.B.

Campbell, William, Kinellar.
Carless, William, Stroud, Glos.
Cushny, William Alexander, M.A., Fochabers.
Elliott, Frederick William, M.R.C.S. Lond., London.
Farquharson, Patrick Davidson, New Deer, Aberdeenshire.
Footner, Edward, M.R.C.S. Lond., 91st Highlanders.
Forsyth, Alexander, Aberdeen.
Garden, Robert John, Aberdeen.
Gibb, Robert Shirra, Cults, Aberdeen.
Gibbes, Cuthbert Chapman, Plymouth.
Gosse, Charles, M.R.C.S. Lond., South Australia.
Inglis, James, Aberdeen.
Knowles, William Bisset, Aberdeenshire.
Law, James, Aberdeen.
Lawrence, Alfred Edward Aust, Bristol.
Low, David, Skene.
Lyon, John, Peterculter.
Macdonald, John Davidson, M.A., Clatt, Aberdeenshire.
Mackenzie, Duncan John, Ross-shire.
Mitchell, Andrew, New Deer, Aberdeenshire.
Parkinson, John Taylor, M.R.C.S. Ed., Yorkshire.
Pringle, John, Torwoodlee.
Reid, James, M.A., Ellon.
Reid, James Alexander, Kildrummy, Aberdeenshire.
Rennie, Thomas, Inverurie.
Robertson, George James, Daviot.
Smith, George Washington, Methlick.
Stephen, James, M.A., St. Cyrus, Kincardineshire.
Tytler, Peter, Midmar.
Wright, Francis James, L.S.A., Preston, Lancashire.
Wyness, James Davidson, Aberdeen.
Welford, George Edward, Sunderland.

DEGREE OF C.M.

Campbell, William.	Macdonald, John D.
Carless, William.	Mackenzie, Duncan J.
Clark, Thomas Ed.	Mitchell, Andrew.
Cushny, Wm. Alex.	Parkinson, John Taylor.
Farquharson, Patrick D.	Pearson, Thomas R.
Forsyth, Alexander.	Pringle, John.
Garden, Robt. John.	Reid, James.
Gibb, Robt. Shirra.	Reid, James Alexander.
Gibbes, Cuthbert C.	Rennie, Thomas.
Gosse, Charles.	Robertson, Geo. James.
Inglis, James.	Smith, G. Washington.
Knowles, Wm. B.	Stephen, James.
Law, James.	Tytler, Peter.
Lawrence, Alfred Ed. A.	Wright, Francis James
Low, David.	Wyness, James Davidson.
Lyon, John.	Welford, Geo. Edw.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At the quarterly examination held during last month the under-mentioned gentlemen obtained the license to practise Surgery:—

J. H. Andrews, Benjamin Armstrong, Walter B. Blake, Edward Bowers, Henry W. Boyd, William J. Brizzel, Wm. J. Brown, Henry W. Burton, Joseph Byrne, Philip Casey, John Clifford, Richard A. S. Daly, James Douglas, Alfred Grandison, Charles S. Grant, William Greer, Robert Griffith, James Hamilton, Joseph K. Healy, Hon. M. Johnston, Patrick J. Macnamara, Charles J. Mahon, William Mahood, Charles A. M'Munn, Wm. H. Middleton, Mathew B. Moriarty, John L. O'Keefe, Thomas P. O'Meara, Joseph M. Palmer, John B. Reid, Charles E. Ryan, William Taylor, James Smith, Barre L. Tandy, Richard G. Thomsett, Arthur J. Wade, John H. Williams, William Warren, Samuel H. Webb.

IN Mississippi hundreds of horses and mules are dying from the attacks of "buffalo gnats."

PHARMACOPŒIA OF THE GERMAN EMPIRE.—The committee appointed to draw up this national volume has completed its labours; the manuscript is in the hands of the Council of State.

CREASOTE.—An anonymous donor has requested the Medical Faculty of Leipzig to present £45 to the author of the best essay on the Remedial Effects of Creasote extracted from beechwood.

THE Committee of Management of the West London Hospital, at a meeting held on the 6th instant, resolved that one of the new wards be named the "W. L. H." Ward, in recognition of two donations of £1000 each; one received in 1871 and the other in 1872.

NORTH STAFFORDSHIRE INFIRMARY.—Her Majesty the Queen (for the Duchy of Lancaster), Sir Matthew Blakiston, Bart., Mr. Samuel Bridgwood, Messrs. Stirrup and Pye, and Mr. and Mrs. Nicholson (a thank offering), have each given £100 to the special accumulating fund.

THE fifty-eighth anniversary festival of the Royal Hospital for Diseases of the Chest, City-road, was held on Wednesday evening at the Cannon-street Hotel; Mr. Bromley Davenport, M.P., in the chair. During the past year 4800 patients had been treated, being an increase on the number in previous years. In the course of the evening subscriptions to the amount of £1000 were announced.

GERMAN SURGICAL SOCIETY.—A Congress, which lasted from the 9th to the 13th of April, has taken place in Berlin, with the view of laying the foundation of a society of this kind. The most renowned surgeons of Germany and Austria, as also many of their pupils, were present. The greatest cordiality reigned, and a permanent committee was appointed—Langenbeck, president—to carry out the object of the Congress.

Medical Appointments.

ALLAN, R., L.F.P. & S. Glas., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for Dalmellington, Ayrshire, vice Wm. Allan, L.F.P. & S. Glas., deceased.

BAKER, A., L.R.C.P.Ed., L.M., has been appointed Medical Officer to the Aysgarth Union Workhouse, vice J. A. Harrison, M.D., resigned.

BIRT, G. C., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 2 of the St. Austell Union.

BROWNE, W. H., M.A., L.R.C.P., has been appointed Medical Officer and Public Vaccinator for the Aldborough District of the Skirlaugh Union, vice J. H. Clark, L.S.A., resigned.

CHAMBERS, E., M.R.C.S.E., has been appointed House-Physician to St. Bartholomew's Hospital.

DALGLIESH, J., M.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Newcastle-on-Tyne Union, vice W. A. I'Anson, M.R.C.S.E., deceased.

FOULDS, H. J., M.R.C.S.E., has been appointed a Medical Officer to the Derby Provident Dispensary, vice W. Iliffe, M.R.C.S.E., resigned.

GRIBBIN, Dr. H., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Achill Dispensary District of the Newport Union, Co. Mayo.

HENDERSON, J. F., M.D., has been appointed Medical Officer for District No. 4 of the York Union, vice T. Wilkin, L.R.C.S.Ed., resigned.

HILL, T. J., M.R.C.S.E., has been appointed Medical Officer for the Grampound District of the St. Austell Union.

JOHNSTON, Dr. A. C., R.N., has been appointed Medical Attendant to the Constabulary stationed in the Knocktopher Dispensary District, Co. Kilkenny, vice Dr. T. Bradley, resigned.

JONES, J. T., M.R.C.S.E., has been appointed Surgeon to the Llanfyllin Branch of the Cambrian Railways, vice — Brock, M.R.C.S.E., resigned.

KEMPSTER, W. H., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Eastern District of the Parish of Battersea, Wandsworth, and Clapham Union, vice D. Leslie, M.D., L.R.C.S.Ed., resigned.

KER, H. B., M.R.C.S.E., has been appointed Medical Officer for the Second District of the Dudley Union, vice E. Malins, M.D., resigned.

LEGGE, W., M.R.C.S.E., has been appointed a Medical Officer to the Derby Provident Dispensary, vice T. L. Gentles, L.F.P. & S. Glas., resigned.

LEWIS, T., M.D., M.R.C.P.L. (Consulting Physician to the Carmarthenshire Infirmary), has been appointed Medical Officer to the Cross Hands Colliery, Llanelly.

LONG, M., M.D., L.R.C.S.I., has been elected Medical Officer for District No. 7 of the Hackney Union, vice John Symons, M.D., M.R.C.S.E., resigned.

LYCETT, J. A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Polesworth District of the Atherstone Union, Warwickshire, vice W. M'Beath, M.D., resigned.

MACRAE, G., M.B., C.M., has been appointed Parochial Medical Officer for Ardnamurchan, Argyleshire, vice Roderick Macdonald, L.R.C.P.Ed., L.R.C.S.Ed., whose appointment had expired.

MOIR, Mr. F. F. M., has been appointed Resident Assistant to the Surgeons, Royal Infirmary, Aberdeen.

MOSS, H., M.D., M.R.C.S.E., has been appointed Medical Officer for the Congleton District of the Congleton Union, vice C. J. Bullock, M.D., deceased.

NIEDEN, Dr. F. A. (of Bonn), has been appointed a Resident Medical Officer at the German Hospital, Dalston.

PITTS, Mr. R. Z., has been appointed Junior House-Surgeon to the Middlesex Hospital, vice Scale.

SCALE, Mr. G. J., has been appointed Senior House-Surgeon to the Middlesex Hospital, vice J. A. Lycett, L.R.C.P.I., M.R.C.S.E., appointed Medical Officer for the Polesworth District of the Atherstone Union.

SCHLIEP, Dr. P. F. (of Stettin), has been appointed a Resident Medical Officer at the German Hospital, Dalston.

SINCLAIR, W. J., has been appointed Resident Assistant to the Physicians, Royal Infirmary, Aberdeen.

SMITH, A. W., M.B., M.R.C.S.E., has been appointed Assistant Medical Officer to the Metropolitan Asylum District Fever Asylum, Homerton.

THOM, G. S., M.R.C.S.E. (Assistant Medical Officer at the Highgate Infirmary), has been appointed Resident Medical Officer to the Royal Albert Hospital, Devonport, vice M. M. Moore, L.R.C.P.I., M.R.C.S.E., resigned.

THOMPSON, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hawes District of the Aysgarth Union, Yorkshire, vice J. A. Harrison, M.D., resigned.

WALKER, A., M.B., has been appointed Medical Officer for the Parish of Echt, Aberdeenshire.

WALKER, G. C., M.D., has been appointed Physician to the Bootle Borough Hospital.

WHITE, F., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Surgeon to the Liverpool Eye and Ear Infirmary, vice T. Bickerton, F.R.C.S.Ed., deceased.

WOLSTENHOLME, J. H., M.R.C.S.E., has been appointed a Certifying Factory Surgeon and Medical Officer to the Female Convalescent Home, Rhyl.

Births, Marriages, and Deaths.

BIRTHS.

DUNCAN.—On the 2nd inst., at Buckingham Palace-road, the wife of H. M. Duncan, M.D., of a son.

INGLIS.—On the 7th inst., at Devon House, South Penge-park, the wife of Walter W. Inglis, M.D., of a son.

INKSON.—On the 5th ult., at Nynee Tal, the wife of J. Inkson, M.D., Staff Assistant-Surgeon Army, of a son.

LOWNDS.—On the 2nd inst., at Dene House, Walker-on-Tyne, the wife of J. R. Lownds, M.R.C.S.E., of a son.

MARSHALL.—On the 7th inst., at Holly House, Mortlake, the wife of W. Marshall, M.D., of a son.

PRENTIS.—On the 6th ult., at Gornekpore, the wife of C. Prentis, M.R.C.S.E., Bengal Medical Service, of a daughter.

MARRIAGES.

BORTWHISTLE—SCOTT.—On the 24th ult., at Bagnalstown Church, Henry Bortwhistle, L.R.C.P.Ed., L.R.C.S.I., to Jeanie Elizabeth, daughter of Charles Scott, L.R.C.S.Ed., of Bagnalstown.

GODDARD—DAVENPORT.—On the 18th ult., at Witton-le-Wear, Durham, Samuel Goddard, M.R.C.S.E., of Barnlem, to Maria, relict of Charles Davenport, Esq.

SMITH—SHAW.—On the 30th ult., at St. George's, Tombland, Norwich, W. Arnold Smith, M.D., Surgeon 2nd Madras Light Cavalry, to Charlotte Sutton, daughter of Commander Chas. Shaw, R.N.

DEATHS.

BAILEY.—On the 25th ult., at the Royal Naval Hospital, Stonehouse, J. C. Bailey, M.R.C.S.E., Assistant-Surgeon R.N., aged 29.

BROWN.—On the 2nd inst., at Malvern, J. L. Brown, M.D., aged 44.

DARLINGTON.—On the 1st ult., J. G. Darlington, M.R.C.S.E., of Westbury, Salop.

DUNN.—On the 4th inst., C. Dunn, M.R.C.S.E., of Ramsgate, formerly of Fareham, aged 40.

GALLOWAY.—On the 30th ult., at Clarence-street, Liverpool, A. H. Galloway, M.D., aged 47.

HOYLE.—On the 25th ult., R. C. Hoyle, L.R.C.P.Ed., of Bideford.

JOTHAM.—On the 7th inst., at Elderfield, Kidderminster, Geo. Wm. Jotham, M.R.C.S.E., L.S.A.L., aged 67. Friends are requested to accept this intimation.

LINTON.—On the 10th ult., A. Linton, M.R.C.S.E., formerly Surgeon R.N., of George-street, Aberdeen, aged 82.

PATTERSON.—On the 1st inst., at Bournemouth, J. H. Patterson, M.D., Deputy Inspector of Hospitals and Fleets.

SPENCER.—On the 1st inst., at Winckley-square, Preston, Lancashire, Lawrence Catlow Spencer, M.D., J.P., in his 62nd year. Friends will please accept this intimation.

EXAMINATION OF ASSISTANT-SURGEONS FOR THE RANK OF SURGEON IN THE ROYAL NAVY.

THE Lords of the Admiralty have been pleased to direct that the examination of assistant-surgeons for the rank of surgeon in the Royal Navy, by a Naval Medical Board at Somerset House, shall be discontinued after Tuesday, the 7th May, 1872.

In future a number of written questions, framed by the Professors of the Medical School at Netley, and approved by the Director-General of the Medical Department, will be forwarded, sealed, twice a year, in January and July, to Haslar and Plymouth Hospitals, and to each of the foreign hospitals.

The principal medical officers of these establishments will communicate with the Commander-in-Chief or senior officer on the station, with a view to fixing a day and making the necessary arrangements for the examination, and giving due notice to such assistant-surgeons as are eligible and who may be disposed to avail themselves of it, provided the convenience of the service will admit of their attending.

On the day of examination the candidates will assemble under the superintendence of the principal medical officer of the hospital, who will open the sealed packets in their presence and distribute the questions, and who will see that they are answered without the assistance of books, notes, or communication with any other person. Care will also be taken that there is no communication between the assistant-surgeons while under examination. The staff surgeon of the flag ship, or senior medical officer of the ships present, will assist the senior medical officer of the hospital during the examination.

The answers, in writing, are to be signed and delivered, sealed, to the principal medical officer present, who is to send them, unopened, to the Director-General of the Medical Department, by whom the necessary steps will be taken for ascertaining the fitness or otherwise of the assistant-surgeons for promotion.

These regulations will come into force in July, 1872.

Notes, Short Comments, and Answers to Correspondents.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

WE are glad to say that the prosperity of this excellent institution is greater than might be inferred from the number of members given in our brief account last week of its annual meeting held on the 26th ult. By a misprint this number was represented as 44; whereas there are 411 members of the Society—all too few considering the peculiar perils attending practice of the medical art in addition to the ordinary vicissitudes of life, as these are illustrated by the cases of urgent distress that are continually arising in which the beneficent aid of the Society is sought. We may take this opportunity of mentioning that at the above meeting it was resolved that the 15th bye-law, imposing a fine on members re-marrying, should be repealed; also that the following should be substituted for the 63th bye-law: "In case of life members it shall not be necessary for such members to have lived two years, after having paid a life subscription, to render their widows and orphans eligible for relief."

Union Surgeon.—The proper fee is one guinea, and it is a medical officer's own fault if he consent to take less. Nevertheless, guardians are in the habit of contracting for such certificates at half a guinea each.

M. B.—He must be a registered practitioner, and have a certificate from a recognised teacher of vaccination.

THE letter of *Mr. H. W. Budd* shall appear in our next issue.

NUNS AND MEDICAL MEN.

DR. PATERSON'S reply to Miss JEX-BLAKE has not been allowed to pass without a rejoinder. That lady affirms that her authorities for the repugnance of sick nuns to medical men are a Romish priest as to fact and an extract from S. Alphonsus as to theory. The latter divine says that the vow of obedience compels an inmate of the cloister to accept medical assistance at the command of his or her superior, adding, however, "Non videtur virgo ægrotans teneri subire manus medici vel chirurgi"—a passage which Dr. Paterson confesses his inability to translate, but which may be construed thus: "A virgin invalid seems not to be held by her vow to pass under the hands of a physician or surgeon." Dr. Paterson hints, in reply, that where the priesthood compels the nun to accept "medical assistance," it is in cases where certain untoward circumstances are to be avoided, and where influence over the weaker vessel is "alike unnatural and degrading," and is exercised "in a manner in which the priesthood of Brazil would neither permit themselves nor be permitted by others to exercise it." A "Catholic priest" also mingles in the fray; but admits himself unable to rebut Dr. Paterson's testimony as to Brazil. He appeals, however, to the experience of Catholic priests whether it is not a well-known fact that cases have occurred among religious communities of nuns preferring great suffering and even death rather than undergo surgical or medical treatment at the hands of men. All this, however, goes to prove not so much that lady-doctors should have the sole access to nunneries as that those institutions should be thrown open, not only to lay inspection, but to whatever medical interposition their inmates may require. Such interposition is possible in Brazil, and we know that it is also possible in Ireland.

B. H. H.—Such relations may exist without seriously objectionable results, though care is necessary to restrain the commercial influences of the neighbouring place of business, or prevent them being used for professional purposes; but the commission on the medicines supplied seems to us very objectionable and undignified.

Mr. George Atkins is thanked for his communication, which had, however, been anticipated.

R. P. G., M.R.C.S., &c.—No announcement has yet been made; but we will bear the subject in mind, and institute some inquiries.

CHLORAL IN HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—Mr. Sainter, in reply to my three questions regarding his patient Mr. M——, said to be hydrophobic, writes: "Had Dr. Vaux read my former communication with a little more attention, I don't suppose he would have thought it necessary to have troubled you with his communication." Now, Sir, I did read the case most carefully, and am not surprised Mr. Sainter has not answered my questions, particularly the last one, stating as he does that "he knows nothing about the matter." Well, if so, I will try to clear up the case for him.

Mr. Sainter also states that I had said the case was one of delirium tremens, and was surprised at such conduct on the part of a medical man who had not seen the case. It is well not to make assertions before being sure of the facts, for I never said such was the case, not believing it to be delirium tremens any more than hydrophobia (where we hear told of barking, &c.) No wonder a distinguished physician of the North, Sir James Bardsley, smiled the other day when he asked me if I had ever heard a hydrophobic patient bark. Again, was the dog hydrophobic? If so, this is the only case on record known to have recovered. Yet the dog was killed five months afterwards in good health—for what reason, I know not.

Now, as to my knowledge of the history of Mr. M. on the day of attack. He had taken several glasses of whisky, and, having become excitable, made his way home, rushed up stairs, when his wife called in Mr. Broadhurst, saying "her husband was very strange." Mr. Broadhurst found the patient under the bed, on his back, with the knees drawn up; and, not being able alone to remove him, called in his son, Mr. George Broadhurst, by whose aid Mr. M. was placed on the bed, when the *alcoholic struggles* commenced, kicking, fighting, raving, and biting when he could do nothing else. Mr. Sainter was soon in attendance, and several persons with Mr. Broadhurst held this poor person firm enough. "No barking," says Mr. Broadhurst.

Now comes the pith and amusing part of the case. Who found out the disease? I will use Mr. Broadhurst's own words:—"I fear, Dr. Vaux, I have been the innocent cause of the report of this being called a case of hydrophobia; for you must understand, after holding Mr. M. for a time, and others coming to assist, I said, 'Well, I am tired, and, being an old man, will go below and have a pipe.' And when doing so, two or three women asked, 'What is the matter, Mr. Broadhurst?' I said, 'Mr. M. is very ill.' One woman then said, 'Do you know that he has been bitten by a mad dog?' 'What!' said I; and putting down my pipe, creeping up stairs again, I gently knocked at the door, called out my son, and said, 'George, my lad, be careful of yourself, Mr. M. has been bitten by a mad dog.' And George told it in the room."

Now, this is an unvarnished statement of the case—one of high nervous excitement, acute alcoholismus, which Mr. Sainter will find so well described by Dr. Huss, of Stockholm.

I am, Sir, yours most respectfully,

Macclesfield, May 7th, 1872. JOHN VAUX, M.D.

H. A. A.—We agree with our correspondent in his estimate of the system which requires medical officers to become shareholders. But the remedy lies chiefly with the profession, and medical men should not treat with Offices that propose such terms. The question our correspondent propounds is a legal one, and should be put to a lawyer; but it is not likely that the Office will push its claims.

THE communication of *Messrs. Lindsay* and *Blakiston* (Philadelphia) has been received.

THE "PECULIAR PEOPLE."

A MEMBER of the fraternity known as the "Peculiar People" recently forwarded a communication to one of the evening papers for the purpose of correcting some erroneous statements that had been promulgated, and of enlightening the public as to the futility of many of our sanitary precautions. It appears that the last inquest was held upon the second, and not the third, child of Mr. Harry. The third child also died, it is true, but not whilst under the control of the parents. Four weeks previous to its death it was removed to a friend's house. It was vaccinated; it became ill; a doctor was called in, who prescribed medicines, which the child took; but a week later the child died of small-pox notwithstanding! "Vaccination developed the very disease it was intended to prevent." It is easy to smile at the ignorance displayed by the writer; but statements of this sort, unhappily, tell on the poor and ignorant. It is all very well for those acquainted with the fact that the period of incubation in small-pox exceeds a week to account for the occurrence of that disease a week after the vaccination; but there are hosts of people who will, no doubt, maintain that it was the vaccination that caused the small-pox that killed the child. It is a pity that in the working out of the new Education Bill children cannot be taught something of the laws of health and disease along with the Bible-reading that is to form part of their instruction.

Mr. John Davis (Morton-common).—We cannot return private answers. There are several books on the subject alluded to by our correspondent, and he had better consult his usual medical attendant as to the choice of one.

An Old Reader of THE LANCET.—The essay is by Dr. Ballard, and can be had of Messrs. Longman and Co.

COLOUR-BLINDNESS IN DISEASE OF THE BRAIN AND OPTIC NERVES.

To the Editor of THE LANCET.

SIR,—I think, if I understand Mr. Clarke's explanation rightly, it will hardly account for the phenomena I mentioned in a previous letter, nor can I see how the relative absorptive power of the red and blue ends of the solar spectrum bears upon the question. If colours are but the expression of certain ethereal vibrations, these vibrations being fixed and determinate for each colour, theoretically there should be no difference between transmitted and reflected colours. The observations that I have made would, however, prove that there must be *some* difference, inasmuch as the retina in certain morbid states is able to appreciate one form of colour and is insensible to the other. In what this change consists, whether the reflected rays suffer some subtle change in the character of their vibrations, and whether this change depends upon some alteration in the size, shape, or rapidity of the vibrations, must be a matter of pure speculation. One thing, however, remains certain—viz., that in some cases of disease the perception of reflected colours is lost before that of transmitted colours. In making these observations I would point out one source of error which should be avoided. It is a recognised fact that portions of the retina may be insensible to colour, the remaining parts retaining their normal condition. It may thus occur that the point of fixation or yellow spot may be colour-blind, and that the colour of a small object looked at may not be recognised. If under these circumstances a piece of coloured glass, although of the same tint as the object which was previously not recognised, is held before the eyes, its colour is immediately perceived; because, occupying the whole field, its tint is diffused over the whole of the sensitive portions of the retina, and the sensation it produces drowns, so to speak, the small insensitive portion in the position of the yellow spot.—I am, Sir, yours, &c.,

Newcastle-on Tyne, May 6th, 1872. CHRISTOPHER S. JEAFFRESON.

One Interested.—We find, on reference to Captain Galton's little book on the Construction of Hospitals, that the Leeds Hospital accommodates 350 patients, and the cost is £197 per bed; the Herbert Hospital accommodates 650 patients, the cost being £320 per bed, but Captain Galton explains that at least £150 per bed is due to the peculiar site; the Royal Hunts County Hospital costs £229 per bed, exclusive of chapel, land, and incidental expenses; the actual cost of the Swansea Hospital, excluding out-patients' department, is estimated at £109 10s. per bed. Captain Galton concludes that there is no reason why a hospital for in-patients only should exceed from £90 to £120 per bed.

Mr. T. Fielding.—We cannot hold out any promise of inserting such articles at present.

THE BAKER BROWN TRUST FUND.

THIS Fund is raised on behalf of Mr. Isaac Baker Brown, who is paralysed, and in great pecuniary distress. The following additional subscriptions have been received:—

	£	s.	d.
Amount previously advertised	303	11	0
Exmo. Senor Dr. Melchor Sanchez de Toca, Marquis de Toca, Madrid	5	0	0
Mr. G. H. Porter, Surgeon to H.M. the Queen in Ireland	2	2	0
Mr. W. Gibbon, Ledbury-rd.	2	0	0
Dr. Adolphe Rasch	1	1	0
Dr. G. Lichtenberg	1	1	0
Dr. Arlidge, Stoke-on-Trent	1	1	0
Dr. J. Matthews Duncan, Edinburgh	3	3	0
Mr. Octavius A. Field	3	3	0
Dr. W. O. Markham	1	0	0
Dr. Waters, Chester (additional)	1	1	0
Mr. Brassey, Chester	1	0	0
C. E., Matlock	1	1	0
A Friend	10	0	0
Mr. F. A. Bulley, Reading	2	2	0
Dr. Burdon-Sanderson	2	2	0
Dr. Mott	1	1	0
Dr. Cameron, Derby	1	1	0
Mr. F. Symonds, Oxford	1	1	0
Mr. J. T. Mitchell, Clapham-road	1	1	0
Mr. G. Spencer, Bayswater	1	1	0
Mr. C. P. Mann, Boxford	1	1	0
An Old Patient, Belvedere, Kent	2	2	

The Treasurers and Trustees are Dr. Forbes Winslow, 23, Cavendish-square, and Dr. Charles Cogswell, 47, York-terrace, Regent's-park, to whom subscriptions may be sent.

THE HARTONIAN METHOD OF TREATMENT.

MR. HERBERT W. HART, Doctor of Dietetics, devotes himself forthwith to the cure of disease by diet. Henceforth if people with any ailment will betake themselves to Mr. Hart, he will dictate the "food convenient." The blessings to be expected by the faithful are pleasantly depicted in the following passage:—"The corpulent may decrease and the emaciated increase their weight daily, with increased appetite and pleasure for all the enjoyments of life, without the slightest risk." The new doctorate is not specified in the penal clause of the Medical Act; but it does not appear that "Dr." Hart has studied anything else but diet. It is curious to think of a man studying eating and drinking till he becomes a very doctor, though, by the way, the course of legal education has hitherto run very much in the same pleasant channels.

Dr. Lowenberg.—We have to apologise for the long delay which has occurred in noticing Dr. Lœwenberg's communication on the "Pathological Alterations which produce Otorrhœa." He is thanked for his paper, which has already appeared in a medical journal published at Madrid. We fall, however, to recognise in it any new or important observations connected with the subject. The description given of the mode of syringing the ear and treating otorrhœa are of too elementary a character for our pages, while the *diagnosis* and *true* pathology are left unnoticed. These essential points, upon the correct understanding of which all efficient treatment must necessarily depend, have been fully and clearly described in the most recent treatises on diseases of the ear, under the sections referring to otitis, or purulent aural catarrh and its terminations.

THE letter of *A Provincial House-Surgeon* shall appear with a comment next week.

A Surgeon (Norwich) might try the effect of the hypodermic injection of morphia, if he has not already done so.

BICHLORIDE OF METHYLENE AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—In your number for April 13th a correspondent asks for information as to the safety of bichloride of methylene as an anæsthetic. I take the opportunity to relate my experience of the agent, as I am anxious to see it more generally used, and think it safer than chloroform, over which, I think, it presents many advantages. The chief being (1) that it is much more rapid in its action, two minutes being the average time to get an adult *completely* under its influence; (2) the patient recovers much more rapidly, and will usually be able to walk from the operating-room to an adjoining one within three minutes of the completion of an operation of which he has been completely unconscious. (3) If danger should occur during the inspiration the effect passes off much more rapidly, so that it seems as if the patient *had not time to die*; before this takes place the inhaler has but to be removed, the tongue drawn forward, and the patient placed on the left side, and all lividity and blueness will pass off in a few seconds. For this reason I think it much safer than chloroform. I have had a patient in a state of extreme danger from chloroform for more than a quarter of an hour, and afterwards recover; but have never known a patient remain in an alarming state from methylene for more than two or three minutes (generally thirty seconds to one minute is sufficient), except sometimes in the case of children who have fainted after the operation was completed, and in whom recovery took a longer time to be completed. (4) It acts so rapidly that, if the patient partially recovers consciousness during the operation, two or three inspirations suffice to get him under its influence again. I think vomiting occurs about equally after this as after chloroform, but I believe it is less severe and of shorter duration. I believe these to be its chief advantages.

I have given it more than 1500 times, and to persons of all ages, from a few weeks to ninety-one years, but have never lost a case; indeed, for several months I have never been seriously alarmed about my patients. On several occasions I have kept a patient completely under its influence for three-quarters of an hour. I give it from a perforated card-board frame, covered with flannel, and fitted with lappets to tie over the face, so as to completely exclude all air. Two drachms are put into the inhaler, and it is so closely held before the face as to allow no air to be breathed, except what passes through the flannel. In less than two minutes the patient is usually completely insensible. Another drachm is then put into the inhaler, and given as required. I don't watch the pulse very carefully, though this is sometimes made very slow (I have known it to be as slow as 12 a minute without any other alarming symptom in an adult); but I look occasionally at the lips, and as soon as they cease to be *red* I stop giving it. This and the breathing are the two things I consider of importance. The thing I fear is pallor, and not lividity; the tendency to death is from syncope, and not from coma. I think it is important to give it *quickly and without air*. I know this sounds dangerous doctrine; but if you remember how completely anæsthetised a patient must be to allow an eye operation to be performed (and I always *completely destroy* all power of muscular action, even the semi-reflex contraction of the eyelid and muscles of the eye), and that I have done this more than 1500 times without an accident, I think I may claim to speak from experience.

If your correspondent is in London, and will come to this hospital about 11 o'clock any morning, I shall be delighted to show him all I can about its use.

I may add that I use methylene five times as often as chloroform, and would never use chloroform at all if it were not that sometimes the operator prefers the latter. I am, Sir, your obedient servant,

T. C. MORGAN, House-Surgeon.

Royal London Ophthalmic Hospital, April 15th, 1872.

Mr. Charles Davidson.—It does not appear to us that an informality in the first steps of an election can be got over by any amount of unanimity in the after-steps. As it is well to maintain respect for rules until they are altered, and as the gentleman in question appears to have the unanimous support of the members, there seems no objection to repeating the election according to rule.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.

THE foundation-stone of the present Chesterfield and North Derbyshire Hospital was laid in 1859 by the Marquis of Hartington, and that it has proved an eminently successful and useful institution is evident from the fact that the addition of a new wing was determined upon at a large public meeting recently held at Chesterfield. During the last financial year 126 in-patients and 1601 out-patients have been treated at the hospital. The most gratifying feature in the financial statement is the acknowledgment of £440 contributed during the year by workmen's pence. Why not institute a "Hospital Sunday" at all places of worship during the ensuing year?

A Practitioner of Twenty Years' Standing is clearly in the wrong in refusing to meet his brother practitioner. The fact mentioned, though perhaps in the abstract indefensible, should not debar him from receiving the usual professional courtesy.

Picciola (Llanberis).—Under ordinary circumstances, yes; but it is generally less apt to disagree when taken after a meal.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—Your correspondent "X." on the 20th inst. not very politely doubts my being "a Militia Surgeon of more than twenty years' standing," as he says, "How can he be that, seeing the Militia were only resuscitated in 1852?" Now, Sir, it appears to me very absurd, to say the least of it, in a man to make such an unfounded charge without being quite sure of his premisses. Common sense should have prevented such an observation, as it is quite certain that without first having obtained the men by recruiting (in which duty I was engaged with the adjutant and permanent staff for some months previous to 1852) a regiment could not have been formed for training. My commission bears date some time prior to 1852, as you can testify. As to any peculiar fitness or "high special training" required to qualify for military service, that needs no discussion, as I opine that a properly educated surgeon should be fit for any duties, whether civil or military. I remain, Sir, yours obediently,

A MILITIA SURGEON OF MORE THAN TWENTY YEARS' STANDING.

April 24th, 1872.

PLASTER-OF-PARIS SPLINTS.

Dr. T. K. Cruse, of New York, who has lately visited this country, and courteously "acknowledges he saw far more to learn in London hospitals than to teach," still believes that the plaster-of-Paris splint is not fully appreciated in this country as an immediate application in cases of fracture, and offers to detail the practice and experience of the Bellevue Hospital for the benefit of our readers. We shall be happy to receive a communication on the subject provided it is concise.

Junior.—It is extremely difficult to lay down the proper treatment to be pursued from a description of symptoms detailed in a letter. Why not suggest a consultation with some experienced physician, who would be in the best position to advise after having seen the patient with our correspondent?

Hampton Court.—The gentleman who has forwarded the report of a case to THE LANCET has omitted to send his name and address.

PITTING AFTER SMALL-POX.

To the Editor of THE LANCET.

SIR,—From its results I think the local treatment of small-pox as pursued in the following case will prove worthy of adoption in similar instances:—

Miss G——, aged twenty, some three months ago was the subject of an attack of variola confluens, which ran its course very severely, the symptoms at one stage of the disease being alarming. She was very anxious not to be marked. I had resort to the following treatment, which fully answered my ends, and in six weeks after convalescence the facial skin did not exhibit a sign of having been affected. She was kept throughout the attack in a darkened room, a black calico blind having been procured for the purpose. As soon as the contents of the vesicles became pustular they were carefully pricked with a gold pin. Wet pledgets were then applied, moistened in cold water, and renewed at intervals for a few hours. The surface was then carefully dried, and painted with a solution of nitrate of silver (one grain to the ounce). I remain, Sir, yours truly,

Wolverhampton, March, 1872. F. H. MOSES, L.R.C.P., M.R.C.S.

A Candidate.—We have to repeat, for the benefit of all whom it may concern, that the papers of recent preliminary examinations at the College of Surgeons may be obtained of Messrs. Hodgson and Son, Printers, 1, Gough-square, Fleet-street.

J. W. C., (Brighton.)—There is nothing at all new in our correspondent's suggestion. It has been often tried with relief to the patient, but without exercising much influence on the course of the disease.

P. P.—We have no belief whatever in the statement extracted from the circular alluded to. Assertions of the kind are very easily made, but they are destitute of any evidence in their favour.

FEES AT INQUESTS.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me what is the rule as to the fees for attendance at inquests on patients who have died at *village* hospitals? Mine have been twice refused me by the coroner for this part of Middlesex, though I was formally summoned as the medical officer of the hospital to give professional evidence as to the cause of death of those I had attended.

Yours obediently,

Harrow, Middlesex, May 1st, 1872. EDWARD C. TYTE, M.D.

EARLY BIRDS.

THE lecturers at St. Thomas's Hospital are apparently determined not to listen to "the voice of the sluggard." *A Student* of that hospital informs us that all the lectures on Botany, Materia Medica, and Midwifery, together with half of those on Forensic Medicine and Practical Surgery, are to be given during the present session at the early hour of eight o'clock in the morning. This makes a total of eleven lectures a week, as there are two lectures every day, except Wednesday, to be given at the same time. As our correspondent points out, it will be a very difficult matter for those living at a distance to give the necessary attendance.

Mr. J. F. Hopgood.—We should be pleased to receive an account of the case of hydrophobia.

House-Surgeon.—The article is contained in the last annual volume of the Army Medical Department.

W. I.—We cannot undertake to read pamphlets. Our querist should consult his medical attendant.

A Candidate should consult the Students' Number of THE LANCET, in which he will find the required information.

A QUERY.

To the Editor of THE LANCET.

SIR,—Would any of your readers kindly inform me whether there is any hospital in London where a patient in "middling" circumstances can be admitted at a *small* cost to be treated for recto-vaginal fistula complicated with stricture of the rectum? Your obedient servant,

Birkenhead, May, 1872. Y. Z.

SMALL-POX TREATED BY VACCINATION.

Mr. F. H. Heming (Consul) is right in feeling an interest in the above subject. We may say that it is contrary to the highest authority on the subject to believe that vaccination can be of any use when performed on persons in whom the symptoms of small-pox have actually shown themselves. Of course it would be extremely satisfactory if by any mode or degree of vaccination this authority could be shown to be in error.

R.—The new-comer calls.

G. B. P.—We cannot give an off-hand opinion, and must first inquire into the subject.

A Practitioner (Jersey) should apply to the authorities of the hospital for the information he requires.

X. Y. Z.—We know nothing of the firm alluded to in our correspondent's communication.

Dr. Yellowlees' letter arrived too late for insertion this week, but will appear in our next.

ERRATUM.—In the report of the meeting of the Clinical Society on the 26th ult., Dr. Buzzard is made to remark that "no less than *three* lazar or leper houses existed in England between the 10th and 16th centuries." The number stated by the speaker was *one hundred and eleven* (111).

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Meadows; Dr. Forbes Winslow; Mr. Holmes Coote; Mr. Maunder; Dr. Macpherson; Dr. Aveling; Dr. Marcet, Nice; Mr. Greening, Carlisle; Mr. Hewett, Brighton; Mr. Brandon, Gloucester; Mr. Herries, Calne; Mr. Heywood; Mr. Elkins, Forres; Dr. Walker, Bootle; Mr. Burke, Horley; Mr. Allen; Dr. Inglis, Penge; Dr. Edwards Crisp; Mr. Graham, Calcutta; Mr. Morris, Reigate; Mr. Beaton, Dorchester; Dr. Arlidge, Chelmsford; Mr. Martin, Bradford; Dr. Furley, Edinburgh; Mr. Robson; Mr. Vaux, Teignmouth; Mr. Budd; Dr. Philipson; Dr. Mushet; Mr. Lawrence; Mr. Jones, Wakefield; Messrs. Argles and Co., Maidstone; Dr. Yellowlees, Bridgend; Mr. Paul, Stamford; Mr. Reed, Dursley; Mr. Alexander; Mr. Wilkinson, Oakham; Mr. Dankley, Warwick; Mr. Belton, Worksop; Dr. Shepherd; Dr. Roberts; Mr. Thom, Devonport; Mr. Byrne; Mr. Masterman, Burnham; Dr. Cartwright Reed, Fulham; Mr. Mayne, Sherborne; Mr. Wallis; Mr. Kesteven, Toronto; Mr. E. de Vere, Bradford; Mr. Myers, Nottingham; Mr. Waghorn, Nusserabad; Dr. Willan, Honiton; Dr. Chambers; Dr. Spedding, Belfast; Dr. Livingstone, Stanhope; Mr. Ward, Boston; Mr. Feldmann, Dalston; Mr. Benson; Mr. Chapple, Kirkee; Mr. Kent; Dr. Vaux, Macclesfield; Mr. S. Laxton, Shifnal; Dr. Dickson, Buxton; Mr. Vance, North Woolwich; Dr. Cooper, Slough; Mr. Oliver; Dr. Bottle, Birmingham; Mr. Horton; Mr. Brooke; Mr. Trimmer, Gamlingay; Mrs. Hickisson; Mr. Hartley; Mrs. Chandler; Dr. Grove; Mr. Rawson; Sir John Bennett; Mr. H. Carnley, Hull; Dr. Carmichael, Liverpool; Miss Emily Faithfull; Mr. Floyer, Weedon; Mr. Collyer; Mr. Blackett; Dr. Johnston, Stoneyford; Mr. Craven, Burnley; Dr. Rose, Chesterfield; Mr. Roxby; Mr. J. Campbell, Boston, Mass.; Mr. Duncan; Dr. Brown, Aldborough; Mr. Foster, Leeds; Mr. Somerville, Bloxwich; Dr. Lowndes; Dr. Herbert Davies; Mr. Blakie, Bala; Dr. Cruse, New York; Dr. Collie; Mr. Newbrough, New York; Mr. Wallis, Rothsay; Mr. Jones, Llanfyllin; Mr. Elmore; Mr. Jeaffreson, Newcastle; The President of the Pharmaceutical Society; A Provincial House-Surgeon; Delta; X. Z.; M. B.; An Admirer of Fair Play; H. G.; A First-year's Man; Junior; R. P. G.; B. H. H.; W. H. P.; G. P. B.; A Candidate; W. H. K.; &c. &c.

Windsor Express, Liverpool Mercury, Hull Evening News, Irish Times, Downpatrick Recorder, Essex Herald, Archives Générales de Médecine, Practitioner, O Correio Medico de Lisboa, Dundee Advertiser, Western Lancet (San Francisco), *Tower Hamlets Express, Sporting Gazette, Dublin Evening Mail, Knife and Fork, Bootle Journal, Le Bordeaux Médical, Isle of Man Times,* and *Wilts Standard* have been received.

Medical Diary of the Week.

Monday, May 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
SOCIAL SCIENCE ASSOCIATION.—A paper will be read "On Fœcal Contamination in Air and Water."

Tuesday, May 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations (expected), 3 P.M. Lithotrity and for Ruptured Perineum, by Mr. Teevan; Lithotomy, by Mr. Cooper.
ROYAL INSTITUTION.—3 P.M. Mr. Edward B. Tylor, "On the Development of Belief and Custom amongst the Lower Races of Mankind."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Jeremiah M'Carthy, "On some Renal Calculi of unusual shape in the Left Kidney of a Woman who died of Cancer of the Uterus"; "On a Case of Intestinal Obstruction, Artificial Anus made in Small Intestine, &c."—Mr. R. Hamilton, "On the Synovial Membranes in Pyæmia."—Dr. Wm. Murray, "On some further attempts to Cure large Internal Aneurisms."

Wednesday, May 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—The following Operations will be performed at 2½ P.M. Excision of Knee-joint, Excision of Head and Neck of Femur, by Mr. Adams; Removal of Testis, by Mr. Gay.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat and Light."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Clinical Meeting.—Presentation of a Testimonial to Mr. J. B. Curgenven, late Hon. Sec.

Friday, May 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—9 P.M. Prof. Abel, "On the more important Substitutes for Gunpowder."

Saturday, May 18.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Roscoe, "On the Chemical Action of Light."
ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

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